mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

N. B.—WRITE PLA

V. S. No. 1

TION is very important. See instructions on back of certificate.

D. Every item of infor-

Exact statement of OCCUPA-

	STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH
--	-------	----	----------------------	----	-------

	_	13	-0	-
11	13	1.8	4	18
U	0	0	7	1.7

1. PLACE OF DEATH	80-23
County Balto	Registration Dist. Np. 40
Village or City Klurgonil	No. St Ward
Length of residence in city or town where death occurredvrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)
111 0 0	mosds. How long in U. S. if of foreign birth?yrsds.
2. FULL NAME Mary & St	Anna Money U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., (/ Ward.
PERSONAL AND STATISTICAL PARTICULAR	If nonresident give city or town and State  RS MEDICAL CERTIFICATE OF DEATH
3. SEX / 4. COLOR OR RACE   5. SINGLE, MARRIED, WID	
Junde White OR DIVORCED, ( write the	e word) Sept. 21, 1936
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) und. 185	Sept 10 ,1926, to Sept 21 ,1936
	I last saw here alive on Sept. 20, 1926; death is said to have occurred on the date stated above, at 6:50Am.
1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	_min. were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	U Hitaira
9. Industry or business in which	Arteriosclerosis ?
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date decayed last worked at this occupation (worked at this occupation (worked) at	Cerebral Hemorrhage 9/21/1.
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Ditter Constitute Constitute Assets
12. BIRTHPLACE (city or town) Theland	Dther Contributory Causes of importance:
(State or country)	
13. NAME In layour	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Interven	What test confirmed diagnosis? Was there an autopsy?
E 15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill in also the following:
I C DIDTUDI ACT (-ity or hours)	Accident, suicide, or homicide? Date of injury19
16. BIRTHPLACE (city or town)  (State or country)	Where did injury occur?
9.000 B 71	(Specify city or town county and State)
17. INFORMANT LONGE O MOUNTAIN (Address) Williams of modern and the control of th	Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Mannay of Injury
Place Catheral Cuty Date	Manner of injury
A I A A side out	Nature of injury
19. UNDERTAKER (Laving A) ON (Address)	24. Was disease or injury in any way related to occupation of deceased?
girl 1950 a few for	If so, specify Thurs I Al offer -
2D. FILED 19 19 Re	(Signed) M.D. (Address) Mangwille
If more blanks are needed, address State	Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	100-04
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis UC 5	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

dott address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

infor- state UPA-	1. PLACE OF DEATH	CERTIFICATE OF DEATH
item of should of OCC	County Baltimore Village or City Stemmers Com	No. Solution Dist. No. 44  No. Solution   Cong   Colored St., Ward death occorred in a hospital or institution, give its NAME instead of street and number)
CORD. Every PHYSICIANS ct statement.	Length of residence in city or town where death occurred	ds. How long in U. S. if of foreign birth?
O E t	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NT RECLY.	3. SEX  4. COLOR OF RACE OR DIVORCED (write the word)  The second of the	21. DATE OF DEATH  Lefst 30, 193 6  (Wonth) (Dey) (Yeer)
AN AN C Ssife	5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of  Solver  Solver	22. HEREBY CERTIFY Thet attended decessed from 193 /, to 193 & 193 6
FOR BINI IS A PERM stated EX A properly class	6. DATE OF BIRTH (month, dey, and yeer) Oct. 2 - 1856  7. AGE Yeers Months Deys If LESS then 1 dey,hrs. orhrs.	I last saw h alive on
SSERVED INK—THIS should be t it may be on back of	8. Trede, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEPPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 1D. Date deceased last worked at this occupetion (month and yeer)  11. Total time (years) spent in this occupetion.	Other Contributory Canses of importance:
MARGIN RE UNFADING supplied. AGE n terms, so thar	12. BIRTHPLACE (city or town)  (Stete or country)  13. NAME  14. BIRTHPLACE (city or town)  14. BIRTHPLACE (city or town)	
70	14. BIRTHPLACE (city or town)	Neme of operation
AINLY, Wid be careful DEATH in y important	15. MAIDEN NAME Many ann Coil  16. BIRTHPLACE (city or town)  (Stete or country)  17. INFORMANT Mrs. Choche S. Mangemilde  (Address)	Whet test confirmed diagnosis?
WRITE PL mation shoul CAUSE OF TION is ver	18. BURIAL, CREMATION, OR REMDYAL  Place V. Joseph Cember 10/2 , 19.36	Menner of injury
V. S. No. 1 N. B.—W TICA	19. UNDERTAKER John J. Connelly (Address) Cassey ma.  20. FILED LO / 1 , 1936 John J. Connells Registral	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Pate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BIND

MARGIN RESERVED

V. S. No. 1

	PLACE OF DEATH County Salta  lage or City Biha nella. (No	9373	STATE OF M CERTIFICATE Registration D	OF DEATH
	2 FULL NAME agres Kirkland B	atn		tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE O	F DEATH
3 5	MARRIED, WILLIAM WIDOWED, OR DIVORCES (Write the word)	16 DATE OF DEATH  Seyl  17 I HEREBY	Syl 6 (Month) 6 (CERTIFY, That I atte	(Day) 1936(Year)
	(Month) (Day) (Year)	that I last saw h	alive on Se	1 5 , 193.6.,
(a	87 yrs. 2 mos. 23 de. or min.?  OCCUPATION a) Trade, profession or articular kind of work  Harmen	and that doath occur The CAUSE OF DEAT Chris	rred on the date stated IH * was as follows:  Myster  auture sel	above, at 4 45 Am.
b	5) General nature of industry usiness, or establishment in		(Duration)	
-	SIRTHPLACE (State or country) Belto hel.	Contributory Secondary	(Duration)	Ayrs mos da.
	10 NAME OF RASHY R Kirkland	(Signed) Galur	e FC Wiles	ollo mo
ENTS	11 BIRTHPLACE OF FATHER (State or country)  All		C. (Address) Disease Causing Death, tate (1) Means of Injor Homicidal.	or, in deaths from ury and (2) Whether
AR	OF MOTHER Martha Kryes.		SIDENCE (For Hospit	als, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrs	nosds. In the	yramesds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea	(h)?	
	(Informant) John Due .  (Address) Pilles Welle. Ind.	19 PLACE OF BURIA	dage blue	Selve 7, 1936
5	Filed 9-6- 1936 & Wilhels Registrar	20 UNDERTAKER	ukin, St	ADDRESS Chely U. D.
11	If more branks are needed, address State Registra	r, 16 W. Saratoga St.,	Balto., Requesting V. S	, 110. I.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired work gaged in domestic service for wages, as Scruan, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. women at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Ccrcbrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis-Typhoid fever (never report "Typhoid Pncumonia"); pneumonia, Bronchopneumonia ("Pneumonia,

> Technus) may be stated under the head of "contributory." Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Imerican Medical Association.) "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Mcasles (disease ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of cybolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapp or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," Whooping Examples: Accidental drowning; Struck by railway traincident; Revolver wound of head-homicide; Poisoned by toved by Committee on Never report mere symptoms or terminal condicough; " "Marasmus, " "Old Age, " "Shock," Chronic valvular heart disease, etc. Nomenclature of the The contributory

permapently filed If his certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the detail essential and must be obtained before the certificate is

Exact statement

1. PL

CITY-C Length o

2. FUI

(a)

PERS 3. SEX

5a. If ma

6. DATE

7. AGE

(or)

Trade, profession, or particular kind of work done, as spinner,

HEALTH DEPARTMENT	T-CITY OF BALTIMORE
TEALTH BELAKTMEN	- CITTOT BALTIMORE
CERTIFICAT	TE OF DEATH
ACE OF DEATH 22000 h	Registered No.
	(If death occurred in
F BALTIMORE: (No.	St., Ward) a hospital or Institution, give its NAME Instead
f residence in city or town where death occurredyrs	of street and number.) .mosds. How long in U. S. If of foreign birth?yrsmosds.
L NAME Sound	If U. S. Veteran specify WAR
do la	speedy watt
Residence: No. (Usual place of abode)	St., Ward.  (If non-resident give city or town and State)
ONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	MEDICAL CERTIFICATE OF DEATH
4. Color or Race 5. Single, Married, Widowed, or Diverged (write the word)	21. DATE OF DEATH (month, day, year)
a le moreal	22. I HEREBY CERTIFY, That I attended deceased from
ried, widowed, or divorced	19.00, to 19.00
WIFE of Coura Dupper	I last saw h. allvo on
OF BIRTH (month, day, year) Zapt 1 1586	to have occurred on the date stated above, at
Years   Months   Days   If LESS than	The principal cause of death and related causes of importance were as follows:
1 day,hrs.	Date of enset

sawyer, bookkeeper, etc. Industry or business in which work was done, as silk mill, saw mili, bank, etc..... Date deceased last worked at this occupation (month and 11. Total time (years)
spent ln thlag occupation.... 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME 16. BIRTHPLACE (city or town)

MOTHER (State or country) 17. INFORMANT (Address)

18. BURIAL CREMATION,

19. UNDERTAKER (Address)

Registrar

or....mln.

ald set Other contributory Was an operation performed: For what disease or injury?-----Name of operation. What test confirmed diagnosis? Was there an nutopsy? 23. If death was due to external causes (violence) fill ln also lowing: Accident, suicide, or homicide? ..... Date of injury...

Specify whether injury occurred in industry, in home, or in public Manner of injury.

Nature of Injury. 24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) (Address)

Where did Injury occur?....

(Specify city or town, county, and State)

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Example I C	ALC: SE	Example II	
causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year

#### CEDTIFICATE OF DEATH CTATE OF MADVIAND

1. PLACE O	F DEAT	2 01			(31)
County Balto					Registration Dist. No. 42
		nsd own		iffs. mos	No. St., We death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos.
2. FULL NA	ME Edi	ward L	Bender	rmeyer	If U.S. Yeteran epecify WAR
(a) Residen	ce: No. 2	43 Thir	d Ave.		St., Ward.  If nonresident give city or town and State
PERSON	IAL AND	STATIST	ICAL PART		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)					21. DATE OF DEATH (Month) (Day) (Yee)
5a. If married, widow HUSBAND of (or) WIFE of	ed, or divor	Long(ne	e Schmi	idt)	22 THEREBY CERTIFY That Lattended deceased
6. DATE OF BIRTH	month, day.	end year) Aug	. 11, 1	L873.	Vlast saw har elive on Sold 2 19 6 ; death is
7. AGE Yea 63		Months	Days 21	If LESS than 1 day,hrs. ormin,	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
Trade, profe kind of w SAWYER 9. Industry or work wa: SAW MIII	ssion, or par york done, a BOOKKEEP business in s done, as SI L. BANK, et	rticular s SPINNER, C & ER, etc	rpenter etor G.	Bloede C	Nepholeyles Ob Depoles
year)	ed last work pation (mont	ed at th and	11. Total	time (years) ent in this supetion	Other Contributory Causes of importance:
12. BIRTHPLACE (ci (State or cou	ty or town)	Marvlan	iđ.		A g
			dermeye	er	Juissisman victima
14. BIRTHPLACE	(city or tow	vn) Maryl	and		Name of operation Date of Date of What test confirmed diagnosis Was there an autopsy?
15. MAIDEN NA		a Carte			23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (Stete or country)  Maryland					Accident, suicide, or homicide?
Mrs. Anna Long Bendermeyer (Address) 243 Third Ave. Lansdowne, Md.					Where did injury occur?
18. BURIAL, CREMAT	ION, OR RE	MOVAL	×	.5/. 19 3	Manner of injury
19. UNDERTAKER		4 Al	dison A	ke	24. Wes disease or injury in any way related to occupation of deceased?
(Addgess)	410,		4	9.0	

V. S. No. 1

WITH UNFADING INK-THIS IS A PERMANENT-RECORD, Every item of infor-sfully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

MARGIN RESERVED FOR BINDING

stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

-WRITE PLAI

N. B.

Exact statement of OCCUPA-

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis ·	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE FOI	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-----------	---------	------------	----	-----------

N. B.-WRITE PLA

1. PLACE OF DEATH			(12.3)
County Balling	re		Registration Dist. No. 41
Village or City Soundal	10		No. Bear Cerceft St. Ward
Length of residence in city or town where	death occurred/		No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Cedgal  (a) Residence: No. 6/6	1. aldu	and It	St., Ward.
PERSONAL AND STATIST	(Usual place		If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATIST  3. SEX 4. COLOR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH
m. t.	OR DIVORCE	D (zwite the word)	(Month) (Oay) (Year)
5a. If married, widowed, or divorced  HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	une -1	5-1900	
7. AGE Years Months	Days	If LESS than 1 day,hrs. ormin,	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade, profession, or particular kind of work done, as SPINNER, 3AWYER, BOOKKEEPER, etc		, , , , , , , , , , , , , , , , , , , ,	Accidental Drowning  This man was found floating Sept 25th
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	Laborer	/	in Bear Creek by a Mr Merritt at 7
0. Date deceased last worked at this occupation (month and year)	11. Total t spa oct	ime (years) nt in this upation	three days. I was unable to find any
12. BIRTHPLACE (city or town)	mid.	L	Other Cautributary Causes of Importance:  one that knew anything about the  case. There was no boat involved.
13. NAME John	Benyer	,	VERST INDIO HER DO DORY ARTORYST.
14. BIRTHPLACE (city or town)(State or country)	Balten	iore	Name of operation Date of
15. MAIDEN NAME Elizal	eth H	ale	What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Elizal  16. BIRTHPLACE (city or town)  (State or country)	Parroll	Ces	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Mass. Massing (Address) (a/6 )	nis Per	kna	Where did injury occur?
18. BURIAL, CREMATION OR REMOVAL Place Lak Juin	Date9_/	128,1936	Manner of injury
19. UNOERTAKER Johns Gory	Cenner mid:	fly	24. Was disease or injury in Tray way related to occupation of deceased?
20. FILEO 9/28/ ,1956 7	B. Cam	Registrar.	(Signed) (Address) A June dalk Mad

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication when causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the distance or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and important complication of the principal cause. Under other contributory causes of importance, name other important disease or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of defid, and related courses of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(210-m)
County Dalmare	Registration Dist. No.
Village or City Summbrook	NoSt., Ward
(II	death occurred in a horpital or institution, give its NAME instead of street and number)
2 . 11 . 1	
2. FULL NAME Beny Mohert Deus	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH () 4
Male white OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Class Sauce Benoon	22. 1 HEREBY CERTIFY, That I attended deceased from
h4 - 10011	1 last saw h
6. DATE OF BIRTH (month, day, end year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6.30 Am.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8 Trade profession or particular	were as follows:  Date of onset
kind of work done, as SPINNER, however	as leaved on inventor
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Iquustry or business in which work was done, as SILK MILL, SAW MILL, BAHK, etc.  10. Date deceased last worked et this occupation property and spent in this	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked et this occupation month and year)	
0 1 11	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) College (State or country)	
E Jest Comment	Name of according
(State or country)	Name of operation
15. MAIDEN NAME Mary E. a. armagot	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary & a armaert  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Academ J. Date of Injury & 22-1976
State or country)	Where did injury occur? Survey of Bat Go me
17 INFORMANT This . B. R. Burne, gr.	Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Cooluparelle nd.	autowohile accident on Highway
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Cocheyrulk Md Date Dept 7-11, 1926	Nature of injury Chest crushed entenue injures.
19. UNDERTAKER Wn. C Birolis & Sm	24. Was diseese or injury In any way related to occupation of deceased?
(Address) Sparls, md	If so, specify
20. FILED LEPY 23 , 186 Sameis Charle	(Signed) Laster William ('oson B.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of inforż

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

þe

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitual nephritis.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1 001 311 1.5			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blank fare needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

24. Wes disease or

(Address)

If so, specify (Signed)

S. No. 1

19. UNOERTAKER

20. FILED\_

(Address)

FOR BINDIN

MARGIN RESERVED

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SUMPALL V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

03054

County Balling .	Registration Dist. No. 3/
Village or City Maule	NoSt., Ward
(If Length of residence In city or town where death occurred Letters	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME ANNIE M. BLIZZABO	
	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 25 , 1930 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of then - & Bly and	22. I HEREBY CERTIFY. That I ettended dacassed from
6. DATE OF BIRTH (month, day, and year) 10 / 828	I last saw'h Le alive on Sest 2 4 19 6 : death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, atarm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceesed last workad at this occupation (month and the second in this county in the second in the second in this county in the second in the	Carenona of breast 1933
10. Date decessed last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (Stata or couptry)	Other Contributory Causes of importance:
13. NAME Clarer Slaver  14. BIRTHPLACE (city or town) Wishington (Stata or country)	Name of operation
	What tast confirmed diagnosis?
15. MAIDEN NAME Seedes Q. 15. MAIDEN NAME Seedes Q. 16. BIRTHPLACE (city or town) Yes Livery (Stata or country)	23. If death was dua to external causes (VIOL ENCE) fill In also tha following:  Accident, suicide, or homicide?
17. INFORMANTILLENT (Blanca) (Address) Walter (Blanca)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Place See Date 9 27, 1936	Manner of injury
19. UNDERTAKER Francis Relations (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED eft 20, 1936 Wm & Marlin Registrar.	(Signad) M. D. (Address) Carlallatory Mef

-WRITE PLA

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I V E D		Example II	
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Chronic interstitial nephritis : [ > FAII V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1100 111

(Year)

Osts of onset

That I attended deceased from

(Day)

Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Wile THE	1		
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
-			

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BINDING

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RESERVED

MARGIN

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July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:		

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BLOCALLY S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Date of onset

BINDING

FOR

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II	
use of death and related causes Date of ere as follows:	of onset
1 we	eek ago
car 1 we	eek ago
3 da	ays ago
ry causes of importance:	
1	year
_	1

# STATE OF MARYLAND-CERTIFICATE OF DEATH

59-8
Registration Dist No.
No. 506 acculabled Road St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
osds. How long in U.S. If of foreign birth?yrsmosds.
St., Ward.  If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH  (Day)  (Year)
22. I HEREBY CERTIFY. That I attended deceased from
I last saw h alive on Seft 10, 1936; death is said
to have occurred on the date stated above, at _Till A_m
The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Carenania Fall
permany a son the glands of the neel,
Other Contributory Causes of importance:
Name of operation
What test confirmed diagnosis?
23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide?
(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Manner of Injury
24. Was disease or injury in any way related to occupation of deceased?
(Signed) Adult Gullar D. M. D.

7. S. No. 1

N. B.—WRITE PLAINLY,

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every

MARGIN RESERVED FOR BINDING

Exact statement of OCCUPA-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1	1	Example 11	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	-	The principal cause of death and related causes of importance were as follows:	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 1027	Pertionitis	3 days ago
	AED	BECK	
Other contributory causes of importance:	4 que n	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

STATE	OF	MARYL	AND-	-CERTI	FICA	TE	OF	DEATH
-------	----	-------	------	--------	------	----	----	-------

	S	TATE OF	MARY	LAND-	CERTIFICATE OF DEATH	1000
1	. PLACE OF DEAT	TH			25)	1060
	County Balt	imore			Registration Dist. No.	5
14	Village or CityT	owson, Mar	yland		No. Sheppard and Enoch Pratt Hospits	al Ward
	Length of residence in ci	ty or town where deat	th occurred	(If	death occurred in a hospital or institution, give its NAME instead of street and r	number) osds.
2	. FULL NAME B	yerly, Mrs.	Marian F	Reeves Sco	tt If U.S. Veteran, specify WAR	
	(a) Residence: No	2222 Que	St., N.V (Usual place of		St., Ward. Washington, D. C.  If nonresident give city or town and	State
	PERSONAL AN	D STATISTIC	AL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
3.		R OR RACE 5.	. SINGLE, MARR OR DIVORCED Marri	(write the word)	21. DATE OF DEATH September 22 (Month) (Oay)	, 193.6 (Year)
5a.	If married, widowed, or divo	rced		Common No.		NO STOLEN
	(or) WIFE of	John F. By	rerly		July 14th 1934 to Sept. 22	deceased from
6.	DATE OF BIRTH (month, day	v and year) Feb	ruary 10	1906	I last saw h.ex alive on Sept, 22nd 19 36	: death is said
-	AGE Years	Months	Oays	If LESS than	to have occurred on the date stated above, at 12:30Am.	,
	30	7	12	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
z	8. Trade, profession, or pa				were as rollows.	Date of onset
10	kind of work done, SAWYER, BOOKKEE	PER, etc	Housewit	e .	Tupesculosis of the	
NA	9. Industry or business in work was done, as S SAW MILL, BANK, o	which SILK MILL,			Peritoneum & infectives	1emus
OCCURATION	10. Date deceased last wor this occupation (mo year) Janua	rked at nth and		ne (years) in this ation		
12.	BIRTHPLACE (city or town) (State or country)				Other Contributory Causes of importance:  Psychosis of underkining	347
ER	13. NAME Dr.	Sidney L.	Scott		- Livery year	- 0
FATHER	14. BIRTHPLACE (city or to (State or country)	own)Vir	ginia		Name of operation	/100
2		lary Reeves	Scott		What test confirmed diagnosis? Was there an a	
MOTHER	16. BIRTHPLACE (city or to			Columbia	23. If death was due to external causes (VIOL ENCE) fill in also the following  Accident, suicide, or homicide?	
17.	INFORMANT Hosp	ital Recor	ds		(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	e) ACE.
18.	BURIAL, CREMATION, OR R	. 0	Date 9/2	4 ,1936	Manner of injury	
	UNDERTAKER Co. C. (Address) J.	6-6 Ces velenis	ie de	on Registrar.	24. Was disease or injury in any way related to compation of decessor?  If so, specify  (Signer Arthur E. Pattrell, M.D.  (Address) Towson, Maryland	M. D.
				Acgistrar.	" (Undiess)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	17	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis OCI	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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(Day)

(Year)

Date of onset

That I attended deceased from

Was there an autopsy? 120

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis of 1930	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
GUMEAU V.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	/ WAKI	LAND	(99)	
County Baltimore			Registration Dist. No. 30	
Village or City Catonson	ille	(If	. C a c++1, 1+ a	Ward
Length of residence in city or town where d	death occurred.	yrsbmos.	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME of Will  (a) Residence: No. Balty	liam Cl	nemey	If U. S. Veteran, specify WAR	••••
(a) Residence. 110.1	(Usual place of	abode)	If nonresident give city or town and State	
PERSONAL AND STATISTI	ICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH  Sextember 22, 193 & (Month) (Day) (Yea	
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Duth	seary Ch	esney	22. I HEREBY CERTIFY, That I attended daceased  March 19, 19, 31, to September 22, 19	
6. DATE OF BIRTH (month, day, end year)	1ms. 2,1	892	1 last sew h mi alive on Sextender 22, 1936; daath is	s said
7. AGE Yaars Months	Days	If LESS than	to have occurred on the date stated abova, at Sc. 320m.	
H3 10	20	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows:	onset
Trede, profession, or particular kind of work done, as SPINNER,	Ω0		at the state of th	
SAWYER, BOOKKEEPER, etc.	- New	<b>L</b>	mondess of Mondo.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10 Date deceased last worked at this occupation (month and	11. Total tim	na (years)	acute Dilatation of Heart	
year)	occup	ation	Other Contributory Causes of importanca:	
12. BIRTHPLACE (city or town) (Steta or country)	wehry	le.		0 \
	. 00	4464	Mamadeptessive Injerious	57
E	mi	ney	(crepassone plane)	
14. BIRTHPLACE (city or town)	mayer	W/L	Name of operation Data of What test confirmed diagnosis? Was there an autopsy?	Noi
	Matic	l ol	23. If death was dua to external causes (VIOLENCE) fill in also the following:	-10
E	A Lake	anou,	Accident, suicida, or homicide?	
O 16. BIRTHPLACE (city or town)	Algeranie	W. W. F. W.	Where did Injury occur?	
17. INFORMANT Decode of Str. (Address)	man Drom	Statellog	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL		-1	Mannar of injury	
Place Hack Wood	Date Sep	724.,1936	Nature of injury	
19. UNDERTAKER Dean Vi	July)		24. Was disease or injury in any way related to occupation of deceased?	
(Addrass) Bell	tuy 1	nd	If so, specify	
20. FILED 9/19	low	duca	(Signad) Oslas St. Nellmin	_M. D
		Registrar.	(Address)	

V. S. No. 1

stated EXACTLY. PHYSICIANS should state

MARGIN RESERVED FOR BINDING WITH UNFADING INK—THIS IS A PERMANENT RECO

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

N. B.-WRITE PLAINTY,

Exact statement of OCCUPA.

properly classified.

... Every item of infor-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II	
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Arteriosclerosis	2 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S	July 5,1927	Peritonitis	3 days ago
	The second secon			
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

RESERVED

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis OCT 3 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
A BUREAU V. S.			
Enter the Control of	· ·		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	<b>STATEMENTS</b>	BY	PHYSICIAN
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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance Other contributory causes of importance: Gallstones May 1,1923 Gastroen teritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN	

BINDING

FOR

MARGIN RESERVED

V. S. No. 1

Length of residence in city or town where death occurredyrs	Registration Dist. No. 15  No. 14  St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  3 ds. How long in U.S. if of foreign birth? yrs. mos. ds
Village Dr City Esset  Length of residence in city or town where death occurredyrs	No. 14 Ward St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	
111 016 0	
(a) Residence: No. 14 Washerb James	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH  September 20 ,193 6  (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Days  If LESS than 1 day,	I last saw h alive on 19 ; death is sai to have occurred on the date stated ebove, at 19
9 Trade profession or particular	Date of one of
SAWYER, BDOKKEEPER, etc	f f f f
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	a cela jason-en aras
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) Balto. md. (State or country)	Dther Coutributory Causes of importance:
13. NAME John D. Clemens	
14. BIRTHPLACE (city or town) Balto, md (State or country)	Name of operation Mone Date of Was there an autopsystem
15. MAIDEN NAME Mary M. Stulson	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Mary M. Stelson  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT MAN. John D. Elemens (Addross) 14 Juagners Lane	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR. REMOVAL	Manner of injury
Plece Joseph Date 19	Nature of Injury
19. UNDERTAKER (Address)	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED Sept. 21, 19 36 Johns Offmell	(Signed) (Address) 3 4 478, Dundalk md.  2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. (Constant)

09065

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1937	Reritonitis	3 days ago
Other contributory causes of importance: 9861	Z das	Other contributory causes of importance:	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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If more blanks afe needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	62	6 b	Example II	
The principal cause of death and related ca of importance were as follows:	uses.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1	9015	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	15	0921	Run over by street car	1 week ago
Cerebral hemorrhage	18	July 5,1927.	Reritonitis	3 days ago
Other contributory causes of importance:	Calcula.	The state of the s	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Gallstones	May 1,1923	Gastroenteritis	1 year
ADDI	FIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICI	IAN

. A Skillman

1. PLACE OF DEATH		87-E			
County Baltimore		Registration D	Dist. No. 3	0	
Village or City Catonsville of		No. Edmondson	AVO. & II	unnerst,	Lane Ward
Length of residence in city or town where death occurred	yrsmos			A . A	.mosds.
2. FULL NAME John C. Cryer		If U.S. Veteran sp	pecify WAR		00000 <sub>000</sub> 0000000000000000
(a) Residence: NoSt. Mary's Co. 1	of abode)	St.,Ward.		rive city or town a	nd State
PERSONAL AND STATISTICAL PARTI			CERTIFICATE	OF DEATH	
	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	Cyl- (Month)	30 (Day)	, 193 <b>6</b> (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M. Leach Crye	er	22. Sell HEREB	Y CERTIFY	Self 30	
6. DATE OF BIRTH (month, day, and year) Jan . 18,	1857.	i last saw h alive on	Seff :	193	≤.; death is said
7. AGE 79 Years Months Days 12	if LESS than  1 day,hrs.  ormin.	to have occurred on the date sta The PRINCIPAL CAUSE OF DEA were as follows:		e of importance	
Note that the secondary of the secondary	lerk	multifle	foleros	<u>`</u>	Date of onset
	ime (years) nt in this upation	or and a	Itestan		6.040c
12. BIRTHPLACE (city or town)		Other Coutributory Causes of im	portance:		***
13. NAME Wm. H. Cryer					
14. BIRTHPLACE (city or town)—Md •		Name of operation	ùe C	Date of	n autopsy?
置 15. MAIDEN NAME Unknown		23. if death was due to external co	1 0		
15. MAIDEN NAME Unknown  16. BIRTHPLACE (city or town) (Stete or country)  Md •	Accident, suicide, or homicide?				
Mrs. Annie M. Cryer (Address)4014 Edmondson Ave.		Specify whether injury occurred	(Specify city or t in INDUSTRY, in HOM	town, county and S ME, or in PUBLIC I	tate) PLACE.
18. BURIAL, CREMATION, OR REMÓVAL Place New Cathedral Date Oct.	Z, ,19 3	Manner of injury			
19. UNDERTAKER Havy A. With (Address 4101 Edmondson Ave.)	Le	24. Was disease or injury in any  If so, specify	way related to occupa	tion of deceased?	ma
20. FILED Oct 1 , 1836 Marshall 1	3 west	(Signed) Was	tale 13	west	М. D

-WRITE PLA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis occa	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis 4 100	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
्रीक्ष । -			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Public Health Association.)

tired 6 yre.). For persons who have no occupation business that fact may be indicated thus: Farmer (restate occupation at 'aginalise of illness. If retired from or given up on account of the DISTASE CAUSING DEVEL Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screanl, spok to report specifically the occupations of persons enployed, as Al school or Al home. Care should be taken definite salary), may be entered as Housewije, Houseen at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocory; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a (a) Foremun. (b) Automobile factory. The material Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day -Coal mine, etc. Womin many

East energy of Cause of Death—Name, first, the bris-East causal of Cause of Death—Name, first, the bris-East causal of the primary affection with respect to time and causation), using always the same accepted term for the came disease. Examples: Corobrospival fever (the only definite synonym is "Epidemic corobrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia."): Lobar preumonia, Bronchopneumonia ("Pneumonia."

> Uquences (e. g., sepsis, tetanus) may be stated under the -Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on tuje of the injury, as fracture of skull, and consehead of "contributory." conditions, such as "Astheuia," "Anaemia" ary), 10 ds. Never report more symptoms or terminal use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State eause for which surgical operation was under-"Puerperal schiicaemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inaultion." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart failure." "Haemorvulsions," symptomatic), "Atrophy," "Collapse," causing death), 29 ds.; Bronchopncumonia stated unless important. (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic valvular heart ...... (name origin; "Cancer" is less definite; avoid In this certificate is looked over thoroughly and all ques-For "Debility" ("Congenital," "Senile," etc.), VIOLENT DEATHS STATE MEANS OF INJURY (Recommendations on state-Example: Measles (disease "Coma," discase; (second-(merely

CD certifica

Bence

Litions answered in detail, it will prevent further correspond-

All the data is essential and must be obtained before certificate is permanently filed.

3

MARGIN RESERVED FOR BINDING

V. S. No. 1

	STATE OF MARYLAND—	CERTIFICATE OF DEATH
1.	PLACE OF DEATH	
	County 13 alleurs	Registration Dist. No.
	Village or City Sparrows Pt. / outside	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
		ds. How long in U.S. if of foreign blrth?yrsmosds.
2.	FULL NAME Eric Mirches	If U. S. Veteran, specify WAR
	(a) Residence: No. Aparous Paint Rd	' St., Ward.
	(Usual place of abode)	If nonresident give city or town and Slate
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. S	Male white S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a, I	If married, widowed, or divorced HUSBAND of	22.   HEREBY CERTIFY, That   attended deceased from
	(or) WIFE of	, 19, to, 19
6. D	DATE OF BIRTH (month, day, and year) Sept 2.1936.	I last saw h alive on, 19; daath is said
7. A		to have occurred on the data stated above, at
	Still barry, 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows / / Date of onest
Z	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Stelsbarn
UPATION	SAWYER, BOOKKEEPER, etc	fremature (3 mo)
A h	work was dona, as SILK MILL, SAW MILL, BANK, etc.	
220	10. Data deceased last worked at this occupation (month and spent in this	
	yaar) occupation occupation	Other Coutributory Causes of importance:
12.	BIRTHPLACE (city or town) Sparrows 94.	
~ l	(State or country)	
빞	13. NAME COULT AW MUCKS.	2.621
FATHER	14. BIRTHPLACE (city or town) Service (State or country)	Name of operation
- 1		What test confirmed diagnosis? Was there an autopsy?
MOTHER	15. MAIDEN NAME OLEGINA W TUPTICW.	23. If death was due to external causes (VIOLENCE) fill in also the following:
MO	16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide?
-	(State of County)	Whera did injury occur? (Specify city or town, county and State)
17.	(Address)	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMATION OR REMOVAL	Manner of injury
	Place Surate Date Sept of 1986	Nature of injury
19.	UNDERTAKER none - parent	24. Was disaase or injury in any way related to occupation of decaased?
	(Address) horth of a net or and	(Signed) Days N. Gally
20.	FILED TO THE REGISTRATE	(Address) Sparrows & & high
	If more blanks are needed, address State Registrar	24xx N Charles Street Baltimore Requesting 71 S No. 2

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example. I		Example II	
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Arteriosclerosis 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09070
1. PLACE OF DEATH	· / //
County Bellinole.	Registration Dist. No.
Village or City Spanowa & + (outside)	NoSt., Ward
XIII	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
la an Illeration	
2. FULL NAME Cames according	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (portice the word)	21. DATE OF DEATH (Whith) (Oay) (Year)
5a. If married, widowed, or divorcad HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from ,19,10,19,19,19
6. DATE OF BIRTH (month, day, and year) Left 3. 1936	l last saw h alive on, 13, 19, death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1/P m.
Still harry 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Wera as follows fill forms
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	premature (3 mo)
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
O No. Data daceased last worked at 11, Total tima (years)	
O this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) & kanows Of,	Other Contributory Causes of Importance:
(State or country)	
13. NAME Welliam Muchs	
14. BIRTHPLACE (city or town)	Name of operation Move Oate of
(State or country)	What test confirmed diagnosis?Exame Was there an autopsy?
15. MAIOEN NAME Regma Stuplich  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury,19
(Stata or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT William Miches (Address) & harrows of him	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place family lot - Date flp. 4" , 19 8	Natura of injury
19. UNDERTAKER Payents	24. Was disease or Injury In any way related to occupation of deceased?
(Address) north found Real	If so, specify
20. FILED 1/2 4th , 1936 last Marries Charles	(Signed) Louis N: Talling M. O. (Address) Sparrows P+ hid
If more blanks are needed address State Registrary	24xx N. Charles Street Baltimore Requesting 71 S. No. x

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	li	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage QUINFALL V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

19. UNDERTAKER (Address)

Registrar.

If so, specify

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic scrvice for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.	The second secon		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUI	THER STATEMENTS	BY	PHYSICIAN
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state OCCUPA.

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FOR BINDING

MARGIN RESERVED

PHYSICIANS certificate. properly may that instructions plain terms, carefully important. DEATH -WRITE PLAINLY pe plnods OF 1

CAUSE

1. PLACE OF DEATH Village or City

Registration Dist. No. 32 MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH September 2oth (Month) I HEREBY CERTIFY. That I attended deceased from April 19 36 to September 26 Hast saw h im alive on Sentember 26 1936 : death is said to have occurred on the date stated above, at 9 P m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance Myocarditis: Chronics Quyse. Awation 3 Vank nownia Name of operation None What test confirmed diagnosis? Clinical Was there an autopsy? NO 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_19\_\_\_\_ Where did injury occur?\_\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify .... Pikesville,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	ii .	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial pophritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OCT 2 155			
Other contributory causes of importance:	2	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN		

# STATE OF MARYLAND-CERTIFICATE OF DEATH

A-F	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	<u> </u>
	County Ballimore	Registration Dist. No. 3/
item of should of OCC	Village or City Preladale (IF	ND. Smill of Mile Rd St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
× 00 +	Length of residence in city or town where death occurredyrs,mos	ds. How long in U. S. if of foreign birth?yrsmosds.
RD. Every YSICIANS statement	2. FULL NAME 13 aly Camons	If U. S. Veteran, specify WAR
SIG SIG	(a) Residence: No. Ruchadall	St., Ward.
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
RECO Fract	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
EA	male while OR DIVORCED (write the word)	September 15- ,1936 (Month) (Day) (Yeer)
BINDING PERMANEN EXACTL y classified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day, and yeer) Sels 15- 1936	l lest saw h; death is said
	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, etm.
FOR IS A stated proper	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were estigliows:
**	8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Gressaline bull
TED THIS I PE	9 Industry or business In which	Stillown at
SERVE NK—T) should it may in back	Work was done, as SILK MILL, SAW MILL, BANK, etc.	C.B. S. Z. Months
INE IN I I I I I I I I I I I I I I I I I	To. Date deceased last worked et this occupation (month end year) spent in this occupation	
	Des 12 00 000	Other Contributory Causes of importance:
EGIN R. FADING lied. AG ms, so the structions	12. BIRTHPLACE (city or town) (State or country)	
MARGIN I UNFADII supplied. In terms, so	2 13. NAME Elwood Lograce	
P P P P	13. NAME Courant Joycel  14. BIRTHPLACE (city or town)	Name of operation Date of
•= (1)	(State of country)	What test confirmed diagnosis? Was there en eutopsy? N.D.
X, WITH carefully I'H in pla	15. MAIDEN NAME Crelyn admondon	23. If deeth was due to external causes (VIOL ENCE) fill in elso the following:
LY, Car TH ports	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury, 19
INLY, WI be careful EATH in printing	(State or country)	Where did injury occur?(Specify city or town, county and State)
S PLAINLY, should be can OF DEATH	17. INFORMANT YOUR SLEEN CHILD MALE	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
TE I sho	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
IN ISE	Place In Premises Date left 13, 1936	- Neture of injury
WRITE mation sicavise CAUSE	19. UNDERTAKER Seo Edmonson ( ) ather)	24. Was disease or injury In eny way related to occupetion of deceased?
No. 1	(Address) Pikers tille mel	If so, specify
w Z	20. FILED Debt 16, 19.36 Wm & martin	(Signed)
	Registrar.	(Address) Caudala alla la Lange (1940)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of dcath means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage OCT 6 1935	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STA	TE OF MARYLAND-	-CERTIFICATE OF DEATH	19074
1. PLACE OF DEATH		(3)	
County Call	more ,	Registration Dist. No. [ 3	0
Village or City	Longerlle	moler of CRITZ/ NOSE	Ward
Length of residence in city or to	wn where death occurredyrs m	(If death occurred in a hospital or institution, give its NAME instead of street and os. ds. How long in U.S. if of foreign birth? yrs.	nd number)
2. FULL NAME	mak & olist	L If U. S. Veteran, specify WAR	
(a) Residence: No.	Piel- Home	St. Ward. Trincess anne	mil
	(Usual place of abode)	If nonresident give city or town a	ind State
	ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4. COLOR OR	5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193.6 (Year)
5a. If merried, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY, That I attend	ad daggered from
(or) WIFE of	suga	march 1936, to Seft 6	1934
6. DATE OF BIRTH (month, day, and yo	eer) woh rine 78, 188	I last saw h alive on 34 , 193	.; death is sain
	Months Day If LESS than	to have occurred on the date steted above, at	
54 2	or min.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	Date of onset
Trade, profession, or particuler kind of work done, es SPII SAWYER, BOOKKEEPER, etc.	NNER, TO		
Industry or husiness in which		Chr Cardest - Renal	March
work was done, as SILK MI SAW MILL, BANK, etc	IL. Selling Fish	(Marie Marie	1.92
this occupation (month and			
year)	occupation occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	unk		
I 13. NAME CHOWN	5) Joel		
I	14.0	Name of annual control	
14. BIRTHPLACE (city or town) (State or country)		Name of operation Date of What test confirmed diegnosis? Clust + Lab Wes there a	n autoneu? (14
15. MAIDEN NAME Sal	ah Celiott	23. If death was due to external causes (VIOLENCE) fill in also the follow	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	time	Accident, suicide, or homicide?	
∑ (State or gountry)		Where did injury occur?	
17. INFORMANT YEAR (Address) Calons	fila Home	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	otate) PLACE.
18. BURIAL, CREMATION, OR REMOVA	1200 1 1117 7	Manner of Injury	
Plece Midg. S.	Date 2, 19 3	Nature of injury	
19. UNDERTAKER SPANS.  (Address) Palary	wille, ma	24. Was diseese or injury in any way related to occupation of deceased?	No
20. FILED Ceft 9 1936	manhall B west	(Signed) markall to work	М. С
	Registrar.	(Address) Caltumole had	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows: 2 1036	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			-

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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ころにた	INI
	DIMIG
MARGIN	Phu HWEADING
7	Tau's

stated EXACTLY. classified.

AGE should

certificate. properly

TION is very important. See instructions on back

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

N. B.-WRITE PLA

Exact statement of OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09075

1. PLACE OF DEATH	(F))
County Dellame	Registration Dist. No.
	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)  s. 3. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No. Lyas Md (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Mongh) (Dev) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than t day,hrs. ormin.  Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this occupation (month and this compation (month and spent in this compation (month a	I last saw how alive on 19.36 death is said to have occurred on the data steted above, at 5.4m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset 19.36 death is said to have occurred on the data steted above, at 5.4m.  Date of onset 19.36 death is said to have occurred on the data steted above, at 5.4m.
year) occupation  12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME  14. BIRTHPLACE (city or town) (State or country)	Namo of operation Data of Data of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Botto, les alms Bouse Date Sept 9, 1936.  19. UNDERTAKER William B. Brooks & Sans	Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?
20. FILED Super 8 , 1936 William J. Coul. Registrar.	(Signed) R Benson M. D.  (Address) Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09076
1. PLACE OF DEATH	
County Ballimore	Registration Dist. No. 28
Village or City. Coarney	No. 3 1d Ove St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME Balry Boy 7.  (a) Residence: No. Third are - Ca (Usual place of abode)	stray Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sept. 2(1st 1936
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	(Moorly) (Day) (Year)  22.   I_HEREBY CERTIFY, That   attended deceased from
6. DATE OF BIRTH (month, day, and year) Lebs. 21 36	Sept. 21, 19.36, to Sept. 21, 19.36  I last saw h. aliva on 19 death is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the data stated above, at
Stillbarn   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona as SILK MILL.	Stillham - 5 mas
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	
SAW MILL, BANK, atc	Januar
12. BIRTHPLACE (city or town)	Other Cantributory Causes of importanca:
(State or country)	
13. NAME Joseph Farkas	
13. NAME Seph Fakas  14. BIRTHPLACE (city or town) Mess Stock (State or country)	Name of operation
	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Zillian Causalian  16. BIRTHPLACE (city or town)  State of country	23. If death was due to externel causes (VIOLENCE) fill in etso the following:  Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Mrs. Joseph Farkal	Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Clean grounds Date 9/21 ,1936.	Nature of Injury
19. UNDERTAKER Joseph Farkas (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. 9/22, 1936 G. M. Bacon. Registrar.	(Signed) G. M. Basar M. D.  (Address) Parkerlle IMA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy 1 week ago 1915 Arteriosclerosis Chronic interstitial nephritis Run over by street car 1 week ago 1921 Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1,1923 1 year

ADDITIONAL	SPACE EO	P FURTHER	STATEMENTS	RV	PHYSICIA	N
ADDITIONAL	SPACE FU	RFURTHER	SIAIEMENIS	DI	PHISICIA	TA

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09077
1. PLACE OF DEATH	CERTIFICATE OF DEATH
Ralt	Pun Box 2054
County outlines.	Pio Box 205% Registration Dist. No.
Village or City Aparon Pann	No. Warth &
	death occurred in a hospital of institution, give its (47) vie. instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Flyn	If U. S. Veteran, specify WAR
(a) Residence: No. 8 7 9 (Usual place of Abode)	St. Mard
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Sept. 79 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFY, That I attended deceased from
9/29/3/	I last saw h alive on 19 death is salu
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than	I last saw h ; death is said to have occurred on the dete stated above, et , ,
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8. Trade, profession, or particular	were as follows: Date of onaet
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked et this occupation (month and	Stillborn -
9. Industry or business in which	( Cremoserre 4/2 med).
work was done, as SILK MILL, SAW MILL, BANK, etc.	
O 10. Date deceased lest worked et this occupation (month and year) spent in this occupation.	
12. BIRTHPLACE (city or town) Spanows lawy (State or country)	Other Contributory Causes of importance:
13. NAME Walter Harold Flynn 14. BIRTHPLACE (city or town) Pine bluff	
14. BIRTHPLACE (city or town) A we bluff of	Name of operation
(State of Country)	What test confirmed diegnosis? LX ON Was there an autopsy?
15. MAIOEN NAME Manuel A. Neau  16. BIRTHPLACE (city or town) Baltimore  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Baltimore	Accident, suicide, or homicide? Oate of injury19
S (State or country)	Where did injury occur?
17. INFORMANT Malter H. Glynn (Address) 1849 Partslup, Dunk	(Specify city or town, county and State) Specify whether injury occurred in industry, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place June Hafking Date 19, 19	Neture of injury
19. UNOERTAKER Parent Sept. 30,1936 (Address)	24. Was disease or injury in any way related to occupation of deceased?
Const all Mills . Ilas	(Signed) Dones N. Mollin M. O.
20. FILED Registrdr.	(Address) Sparrows Sand. ruf

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH occi plnods of County Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred. How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_ (a) Residence: No. (Usual place of abode) Thonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR/OR RACE 5, SINGLE MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) (Year) classified CL 5a. If married widowed, or diverced HUSBAND of (or) WIFE of CERTIFY. 回 certificate. 6. DATE OF BIRTH (month, day, end year) properly 7. AGE If LESS than to have occurred on the date steted ebove. 1 day, .... hrs. The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance or .... min. were es follows Date of onset 8. Trade, prolession, or perticuler OCCUPATION MARGIN RESERVED kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc. back 9. Industry or business in which may plnods work wes done, as SILK MILL SAW MILL, BANK, etc .... 10. Dete deceesed lest worked at uo 11. Totel time (yeers) this occupetion (month and spent in this that occupetion \_\_ instructions 12. BIRTHPLACE (city or town) (State or country supplied FATHER See 14. BIRTHPLACE (city or town) plain (State or country carefully Whet test confirmed diegnosis?\_ MOTHER important. 15. MAIDEN NAME 23. If death wes due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?. DEATH 16. BIRTHPLACE (city or town) (Stete or country) Where did injury occur?. should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMAN OF 18. BURIAL, CREMATION, OR REMOVA Manner of injury AUSE mation TION Nature of Injury. 24. Was disgese or injury in any way releted to occupation of deceased? 19. UNDERTAK If so, specil Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I	li	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis IRECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage OCT 5 1930	July 5,1927	Peritonitis	3 days ago
BUREAU Y.			
Other contributory causes of importance:	Miles Miles	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09079
1. PLACE OF DEATH	
County Baltimore	Registration Dist. No. 38
Village or Cityn Jimonium Far	r Trounds, Timonium tudant
	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME COLLEGE A. Fus	ds. How long in U.S. if of foreign birth?yrsmasds.
	m 1 00 0:12
(a) Residence: No. Manual Control Cont	St. & Ward. Marlboro Vike
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
wale white OR DIVORCED (write the word)	Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(1001)
(or) WHE OF adaltuse	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Sept. 18.1879	l last saw h alive on 19 doubt le cold
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
- 60 // 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were as follows:
Trade, profession, or particular kind of work done as SPINNER	Died Buddenly Date of onset
kind of work done, as SPINNER CLUB OUTCKEY  SAWYER, BDDKKEEPER, etc.  Mustry or business in which	of acute Keart
kind of work done, as SPINNER CONTROL OF SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, es Silk MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this countain (month end)	trouble at the 1935
11. Total time (years) this occupation (month end	Tymopum tair races
this occupation (month end 935 spent in this occupation 37	Chalyral Course of
12. BIRTHPLACE (city or town) Washington	Other Contributory Causes of importance:
(State or country)	
14. BIRTHPLACE (city or town) Waskington	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Wes there an autopsy? The
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or found) Washington (State or country)	Accident, suicide, or homicide? Date of Injury, 19
alea f	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) May and Board (Like May)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Other recognition Dala Dala 1936	Nature of Injury
& washing with we Chambers Co	24. Was disease or injury in any way releted to occupation of deceased?
100 Pagings washington DC.	If so, specify
20, FILED Seleb-10, 1936 a. W. Bacon	(Signed formant . Ungelf Corone
Registrar.	(Address) Towan, Backmans C
If more blanks are needed, address State Registrar, 2	411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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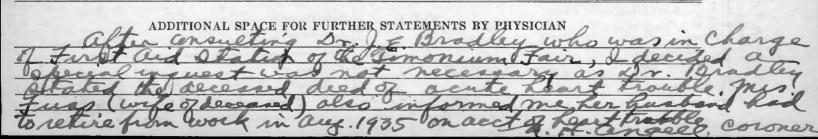
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Example I	-11	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis R = 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrilis OCT 7	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	



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Example I  The principal cause of death and related causes of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	A TOTAL WALL	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	OCT 2 1930	July 5,1927	Perilonilis	3 days ago	
	BUREAU V. S.				
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIA:
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(Approved by U. S. ('ensus and American Public Health Association.)

business, that fact may be indicated thus: Farmor (r) state occupation at beginning of illness. If retired from or given up on account of the misease causing Death gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., worked on may form part of the second statement. Never return "Laho:er," "Foreman." "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plantor, tion applies to each and every person, irrespective of fulness of various parsuits can be known. The quescapation is very important, so that the relative healthwhatever, write None. tired 6 yrs.). For persons who have no occupation Housemaid, etc. If the occupation has been changed Statement of Occupation -Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day -Coal mine, etc. Wom-

EASE CAUSE, O BEATH (the primary affection with respect to time and causation), using always the same accepted term for the came disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fover (never report "Typhoid pnenmenia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

ency. All the data is essential and must be obtained before the continue is permanently filed.

inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid head use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, mensymptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report more symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. (secondary or intercurrent) affection need not be Chronic intenstitial nephritis, etc. The contributory If this certificate is looked over thoroughly and all quos-tions physwered in detail, it will prevent further correspondture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For violent beatils state means of injury State cause for which surgical operation was under "Pueryeral septicaemia," "Pueryeral peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inaultion." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions," Whooping cough; Chronic valvular heart discase; Nom helature of the American Medical Association.) ment of cause of death approved by Committee on Poisoned by carbolic acid-probably suicide. The na-Se of "contributory." (e. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Mcasics (disease (second-

# STATE OF MARYLAND—CERTIFICATE OF DEATH

sta UP.	1. PLACE OF DEATH	(3)		
F 3	County Balto Md	Registration Dist. No. 4		
should of	Village or City Carney Md.	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
AS AL		ds. How long in U.S. if of foreign birth?yrsmosds.		
Every MANS ement	2. FULL NAME Bertha C Grave	If U. S. Veteran, specify WAR		
YSIC state	(a) Residence: No. Jappa Tel. (Usual place of abode)	St., Ward.  If noniesident give city or town and State		
REC. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Married	21. DATE OF DEATH  (Month)  (Day)  (Year)		
RMANEN X A C T L classified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Lrove	22. I HEREBY CERTIFY. That I attended deceased from february 1: 1936, to differentee 22, 1936		
proof 6	6. DATE OF BIRTH (month, day, and year) Sept. 21, 1889	I last saw h Joseph alive on 347 774 ,1936; death is sald		
IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated blove, at 2:2.2.1.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance		
IS A stated proper	8. Trade, profession, or particular	were as follows: Date of onset		
HIS be be of	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	100		
VK—TI should it may n back	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc			
INK E sh t it	- Into occupation (month and			
NFADING I	12. BIRTHPLACE (city or town) Ralto Co. M.d.	Other Contributory Causes of importance:  Malignant Hyfretuis con -		
ied.	(State or country)	Hyfortusive hebut diseases		
UNI suppli tern ee ins	13. NAME TO STATE TO	Chrocic Historia		
T -= 70	(State or country)	Name of operation		
	15. MAIDEN NAME annie Stemmet	23. If death was due to external causes (VIOLENCE) fill in also the following:		
care Care TH i	15. MAIDEN NAME Annie Steumels  16. BIRTHPLACE (city or town) Dalta G. 2nd.	Accident, suicide, or homicida?		
LALLEY, WI ild be careful DEATH in p	17. INFORMANT John F. Grove	Whera did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
E PLA should OF D	(Address) Ad Zonson, Md  18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
G .=	Place Parkerood (embate Sept. 25, 1986	Natura of injury		
.—WRITE mation s CAUSE TION is	19. UNDERTAKER Fredh. Lassahn + Son (Address) 7 4 of Below Rd.	24. Was disease or injury in any way related to occupation of deceased?		
z (T)	20. FILEO 7/2 43 1. John Million Million Registrar.	(Signed) 7.B. Bayer M. I (Address) 5309- Harford Road .		
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

V. S. No. 1

MARGIN RESERVED FOR BINDIN

+ t + +

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BUSEAU V S			
Other contributory causes of importance:	and the same	Other contributory causes of importance:	DATE OF THE PARTY OF
Gallstones	May 1,1923	Gastroenteritis	1 year

CORD. Every ten of PH TSICIANS should L. Exact Statement of

# HEALTH DEPARTMENT—CITY OF BALTIMORE

09083

Parkville

CERTIFICAT	TE OF DEATH (2-0)	
1. PLACE OF DEATH	Registered #03	8
CITY OF BALTIMORE (No. 3023-Taylor Ave	Paskerllard)  (If death occur a hospital or ins give its NAME of street and numb	red la titution instead
Length of residence in city or town where death occurredyrs	.mosds. How long in U. S. If of foreign birth?yrsmos	ds
2. FULL NAME Louis Gutmann	If U. S. Veteran specify WAR	
(a) Residence: No. 3023-Taylor Ave. (Usual place of abode)	Csankvilled. (If non-resident give city or town and	State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word) Single	22. I HEREBY CERTIFY, That I actended deceased	1936 d from
5s. If married, widowed, or divorced HUSBAND of (or) WIFE of	I last saw h the alive on Sefet 3 1936 Death	, 19 <b>.3.(</b> 1 ls said
c. DATE OF BIRTH (month, day, year) 8/24/1875	to have occurred on the date stated above, at 1.2.205, M.	
7. AGE Years Months Days If LESS than 1 1 12 22 22 18. or	The principal cause of death and related causes of importance were as follows:	of ones
8. Trade, profession, or particular kind of work done, as spinner, Butcher sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year).  11. Total time (years) spent in this occupation.	Other contributory causes of importance:  Other contributory causes of importance:	3/36
12. BIRTHPLACE (city or town) Germany (State or country)	Was an operation performed? Date of	
E 13. NAME Pius Gutmann	For what disease or injury?	
13. NAME Plus Gutmann  14. BIRTHPLACE (city or town)	What test confirmed diagnosis?	200
15. MAIDEN NAME Theresa Krenzer	Accident, suicide or homicide?	, 19
16. BIRTHPLACE (city or town) Germany	Where did injury occur?  (Specify city or town, county, and specify whether injury occurred in industry, in home, or in	State) n publi
17. INFORMANT Miss Rose Gutmann	place	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(Address) 3023-Taylor Ave	Manner of injury	~
Place Parkwood Cem. Date 9/7/36. 19	Nature of injury	
19. UNDERTAKER GOO PRO J. Ruth, Inc.	24. Was disease or injury in any way related to occupation of de	e ceased
20. FILED 9/4/3610 W. Begistrar.	(Signed) A. M. Dacor (Address) 2810 Joyla are	. M. I

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1- week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	)	Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	-1 year

BINDIN(

MARGIN RESERVED

V. S. No. 1

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	A-33
Gallstones	May 1,1923	Gastroenteritis	1 year
A			

BINDING

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	ample I		Example II	
The principal cause of dear of importance were as follo	h and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	OCT 5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago
1				
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
	•			

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CEPTIFICATE OF DEATH 19086
	CERTIFICATE OF DEATH
1. PLACE OF DEATH  County Baltimore	Registration Dist. No. 33
Village or Gity White Half he	No. St., Ward
36 (If	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sohn translew Ha	wo.
(a) Residence: No. white Hall. (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Coloral Race OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WHE of  Carrie Ofacco	22.   HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) June 3. 1861	I lest sew h
7. AGE Years Month Days If LESS than	to have occurred on the date stated above, at 2 3 2 m.
74 3 // lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade profession or particular	were as follows: Date of onset
Rind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Intestinal Chatrustian 14610
Industry or business in which work was done, as SILK MILL,	not due to cancer. Probably due to
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation month and year)  Occupation  Coupetion  Coupetion	entussusceptions Cevter.
12. BIRTHPLACE (city or town) Baltone Court	Other Contributory Causes of Importance:
(State or country)	Chrome mocarditis 1934
13. NAME Edward Vaccin	
13. NAME Column Harris 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lamos Como	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Common	Accident, suicide, or homicide? Date of injury, 19
(State or country) Oxenfra Co. Ind	Where did injury occur?
17. INFORMANT of cerua Harris Hall Ind.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Pine Sure Dete Sigh 161936	Neture of injury
19. UNDERTAKER P. Markelin for (Address) While Italy had	24. Was disease or injury in any way related to occupation of deceased?    If so, specify
20. FILED Sept 14., 1936 In Borton 94 J. Registrar.	(Signed) Miles Bother M. D. (Address) White Hall Such

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
11 121122			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

(Signed)

(Address) Illound Illa Mu

Date of onset

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

BINDIN

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Courles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitiat nephritts	1921	Run over by street car	1 week ago
Cerebral hemorrhage 97 7 1931	July 5,1927	Peritonitis	3 days ago
THE STATE OF			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Salva International International			

A.	STATE O	F MARYLAND-	CERTIFICATE OF DEATH	9089
ould state OCCUPA-	1. PLACE OF DEATH		(124-6)	
CC	County Daelina	Ø	Registration Dist, No. 3	)
= /	Village or City Rodgers I	Forge Towson, Md.	No. 231 Hopkus Roal St.	Ward
9 /	Length of residenca In city or town where d	1/7 (If	death occurred in a hospital or institution, give its NAME instead of street and	number)
AN	11.00	eath occurred 2.7. yrsmos.	ds. How long in U.S. if of foreign blrth?m	osds.
YSICIANS	2. FULL NAME Alleage	all all states	If U. S. Veteran, specify WAR	
PHYSICIANS act statement	(a) Residence: No. 2/V/a	(Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PH	PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH	
Exact	3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED; WIDOWED.	21. DATE OF DEATH	,
1.	Male White	Marked (write the word)	(Month) (Day)	., 193 (Year)
X A C T I	5a. If married, widowad, endivorced HUSBANO of (or) WIFE of Florence Electrical Electric	0/ 1-		(1001)
A (	(or) WIFE of Ilolluce Elk	elVreulel	22. I HEREBY CERTIFY That I attended	deceased from
	6. DATE OF BIRTH (month, day, and year)	10.15-1889	7	; deeth is said
d F	7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at $\mathcal{L}^{\circ}$ $\mathcal{L}_{m}$ .	., 00011113 3010
stated E properly certificate.	47 3	26 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	
	8. Trade, profession, or particular	1. //	Portal arresses	Oate of onset
be of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	olexalex far devare	Coronary Argulosis	9/3/36
should it may n back	9 Industry or business in which work was done, as SILK MILL, Oscillation SAW MILL, BANK, atc	n. Business	Legebral trufolism	9/5/20
sho t it r on b	U 10. Date deceased last worked at 1	/ 11. Totel tima (yaars)	Brouks Ralumoma	- 9/8/36
	this occupation (month and july)	3c spent in this 2		
A o ti	12. BIRTHPLACE (city or town) Back	enerce	Other Contributory Canses of importance:	>
s, s	(Stata or country) Pul	<i>A</i> 10		
supplied. AGF n terms, so tha ee instructions	13. NAME William Experi	er Kuelel	4	-
	14. BIRTHPLACE (city or town). Dale (State or country)	G,	Name of operation	
2 6	(State of country)		Whet test confirmed diagnosis? Was there an	autopsy?
be careful EATH in p important.	15. MAIOEN NAME Mary C	role	23. If death was dua to extarnal causes (VIOLENCE) fill in also the following	ξ:
car NH ortz	0 16. BIRTHPLACE (city or town) All	leavel	Accident, suicide, or homicide? Date of injury	, 19
hould be car OF DEATH very import	(Stata or country)	11 00	Where did Injury occur? (Specify city or town, county and Sta	(e)
	17. INFORMANT Of Claude (V)	lughel	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ACE.
Should OF D	18. BURIAL, OKEMANION OF REPOVAL	14000	Manner of Jaluary	
至	INVI I VIOLE I MA	Moate Supp 14, 1936	Menner of Injury	
mation s CAUSE TION is	1110 WA	So. 1	24. Was disease or injury in any way related to occupation of deceased?	40
EOE	19. UNDERTAKER (Address)	William Balli	If so, specify	
45	16 hren 36 101	Mikkell Houston	(Signad) Hocoard Justing	M. D.
(7)	20. FUED Depu	ty Local Registrar.	(Address) 427 Thopselus Road	L
	If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Chronic interstitial nephritis	CT 7 1930	1021	Run over by street car	1 week ago
Cerebral hemorrhage	REAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of imp	ortance:		Other contributory causes of importance:	
Gollstones		May 1,1923	Gastroenteritis	1 year

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1	Example II	
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1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
5 B		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

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May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street ear  July 5, 1927 Peritonitis  Other contributory causes of importance:

V. S. No. 1

STATE	OF MAR	YLAND-	CERTIFICATE OF DEATH	3092
1. PLACE OF DEATH			22)	
county Baltimore			Registration Dist. No. 3/	
Village or City Rockdale	е		No. St. James Road St.	Ward
Length of residence in city or town where	e death occurred 46	yrs O mos	f death occurred in a hospital or institution, give its NAME instead of street and no ds. How long in U.S. if of foreign birth?	umber)
2. FULL NAME Fr	ank L. Ho	olbein		
(a) Residence: No. Roo	ckdale, I		St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH	193 6
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of My	rtle M. I		22. I HEREBY CERTIFY, Ihat I attended of	(Year)
6. DATE OF BIRTH (month, day, and year)	Sept. 17	1890	was west in a	: death is said
7. AGE Years Months	Deys	If LESS than	to have occurred on the date stated above at/	, ueath is said
46 0	0	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc	Reti	red	Tuber gulgain of Chest	Date of onset
work was done, es SILK MILL, SAW MILL, BANK, etc	Bookkeep	per	and intestints	
O 1D. Date deceased last worked at this occupetion (month end year)		me (years) It in this pation	· · · · · · · · · · · · · · · · · · ·	
	altimore aryland		Other Contributory Causes of Importence:	
			Hyor hage of	
14. BIRTHPLACE (city or town) B	altimore		Name of operation	
	Kelly		What test confirmed diegnosis? Was there an at	
16. BIRTHPLACE (city or town) B	altimore aryland		23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury	
17. INFORMANT Mrs. Myrtle (Address) Rockdale. M	M. Holbe	ein	Where did Injury occur?  (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	) CE,
18. BURIAL, CREMATION, DR REMDVAL Place Cathedral Cem		/21 ,1,36	Manner of injury	
19. UNDERTAKER Henry U (Address) 805 M, Co	- meat	s 2 Son	24. Wes disease or Injury in any way related to occupation of deceesed?	w
20. FILED Sept 18 1936 W.	-	tin	(Signed) Solution	7M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. r.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephrins	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis ,	3 days ago
- A Tra	/		
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		,	

V. S. No. 1

Drem 5: Death Co. for & G. Hos hall filed here as \$ 3-16-40, Caroll Co. Letter & Co.	Filmed 4-3-57
STATE OF MARYLAND—CERTIFICATE OF DEATH	09093

STATE OF MARTLAND	CERTIFICATE OF DEATH 03033 2
1. PLACE OF DEATH	93°C)
County Dallings	Registration Dist. No.
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residance in city or town whera death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAMESAVAL Chey Jooper Hasha	If U. S. Veteran, specify WAR.
(a) Residence: No. Large M. (Usual place of abode)	St., Ward.  ff nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH 24 (936)
5a. If married, widowed, or divorced-	
(or) WIFE of Joshua S. Hashall	22.   HEREBY CERTIFY That I attended daceasad from
6. DATE OF BIRTH (month, day, and year) August 29, 1859	t last saw h alive on \$ 10 23 19.26; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
77 25 f day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causas of Importance were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Adusewife.  SAWYER, BOOKKEEPER, etc.	
SAWYER, BOOKKEEPER, etc. 1900 SAWYER, etc. 1900	Chronic bry ocardelis dug, 31.
work was dona, as SILK MILL, SAW MILL, BANK, etc.	<i>O</i>
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last workad at this occupation (month and yaar)  11. Aut. 12. 12. 12. 12. 12. 12. 12. 12. 12. 12	
Dulta	Othar Contributory Causes of Importance:
(State or country)	
13. NAME John W. Cooper.	
13. NAME COMM W. Cooper.  14. BIRTHPLACE (city or town) Partheton	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Cachall Rogers  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
f6. BIRTHPLACE (city or town)	Accidant, sulcida, or homicide? Date of injury, f9
(State or country) Save, Co. Fila,	Where dld injury occur?(Specify city or town, county and State)
17. INFORMANT & any Defospale (Address) Parkton Miles	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Property Date Dantember 79.36	Manner of Injury
Pagara Sali	Nature of Injury 24. Was disease or injury In any way related to occupation of deceased? 200
19. UNDERTAKER AND FOR FORMAL PARTY	If so, specify
20. FILED. Sept 25193 6 M. Bother In Q. Registrar.	(Signad) Milner Bother M. D. (Address) White Itall Ind
Acgustat.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PILKEAU V. 3.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
4			

ADDITIONAL SPACE FOR FURTHER STATEM	MENTS BY	PHYSICIAN
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ADDITIO.	NAL SPACE FOR	R FURTHER S	TATEMENTS	DI FHISIOIA	714	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIF

FOR BINDING

MARGIN RESERVED

V. S. No. 1

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Chronic interstitial nephritis 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR 1	CURTHER	STATEMENTS	BX	PHYSICIAN

FOR

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Day)

64021

(Year)

Date of enset

1931

433

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. x.

1000

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	ľ

#### STATE OF MARYLAND-CERTIFICATE OF DEATH should state OCCUPA 1. PLACE OF BEATH Village or City CIE . PHYSICIANS Length of residence in city or town where death occurred. statement 2. FULL NAME (a) Residence: No. Exact PERSONAL AND STATISTICAL 5. SINGUE, MARRIED, WIDOWED, OR DIVORCED (write ha word) 3. SEX 4. COLOR OR RACE stated EXACTLY. A PERMANENT Dus classified. 5a. If married, widowad, or divorced HUSBAND of (or) WIFE of

Months

If LESS than

1 day, ..... hrs. or ..... min.

Registrar.

Stage Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

11. Total tima (years) spent in this

occupation \_\_

Registration Dist. No.	7
ND. 16 + redling Clave. St.	Ward
leath occurred in a hospital or institution, give its NAME instead of street and n	umber)
ds. How long in U.S. if of foreign birth?yrsmo	sds.
If U. S. Veteran, specify WAR	
St., Ward.	
If nonresident give city or town and	State
21. DATE OF DEATH	
Sent. 2	193 6
(Monly) (Day)	(Yeer)
22.   I HEREBY CERTIFY, That I attended of	leceased from
June 7 , 1946, to tell h	, 194K
Hast saw har alive on Comp 40, 1976	; death is said
to have occurred on the date stated above, at 300cm.	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data dama A
, Valuelar Hear N	Date of onset
Locate	7-4-7
	-
Other Contributory Causes of importance:	colg W
Other Contributory Causes of importance:	879
THE O	92/2
Maccuela	72/n
Name of operation.  Date of	189
Name of operation.  What test confirmed diagnosis?  Course Was there an action of the confirmed diagnosis?	utopsy?
Name of operation	utopsy?-CO
Name of operation	utopsy?-CO
Name of operation	utopsy?

V. S. No. 1

BINDING

certificate.

See instructions on back

7. AGE

OCCUPATION

FATHER

MOTHER

17. INFORMAN

19. UNDERTAKE

20, FILED

(Addres 18. BURIAL

(Address)

properly

it may AGE should

so that

mation should be carefully supplied.

-WRITE PLA

CAUSE OF DEATH in plain terms,

TION is very important.

UNFADING INK-THIS

MARGIN RESERVED

6. DATE OF BIRTH (month, day, and year)

8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc....

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.\_\_\_\_\_

this occupation (month end

10. Date deceased last worked at

12. BIRTHPLACE (city or town)

15. MAIDEN NAME

(Stata or country)

14. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or town (State or country

Years

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis PC	3 days ago	
		Peritonitis BCD VRD		
Other contributory causes of importance:		Other contributory caused of Comortance:		
Gallslones	May 1,1923	Gastroenteritis GREAD	1 year	
		8		

Date of onset 9/18/36

# STATE OF MARYLAND-CERTIFICATE OF DEATH

. No. 1	MARGIN RESERVED FOR BINDING
LWRITE PLAINLY,	B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
mation should be care	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
CAUSE OF DEATH I	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very importa	TION is very important. See instructions on back of certificate.

1. PLACE OF DEA	TH			320	
County Balti	more			Registration Dist. No.	32
Village or City Pik		death occurred	(lí 2 vrs. o mos	No. Outside St, death occurred in a hospital or institution, give its NAME instead of street and 14 ds. How long in U.S. If of foreign birth? yrs.	d number)
2. FULL NAME C1				If U. S. Veteran, specify WAR	
(a) Residence: No.	Likesvii	(Usual place		St., Ward.  If nonresident give city or town a	nd State
PERSONAL AN	D STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
sex 4. cold	OR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH September 20 (Month) (Dev)	, 193 <sup>6</sup> (Yeer)
a. If married, widowed, or dive		1 0 2 2 2 2 2 2			
(or) WIFE of				22. I HEREBY CERTIFY, Thet I attended September 18 1936 to September	d dacaased from
DATE OF BIRTH (month, de	and ward M	orch 7 1	dnA	I last saw h er alive on Beptember 20 19 30	
AGE Yeers	y, and year) Months	Days	If LESS then	to have occurred on the dete steted above, at 11,45am.	, ueatii is said
72	6	14	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end ralated ceuses of importance were es follows:	
8. Trade, profession, or p	erticuler	1 1	7 01	were estonows.	Date of onset
kind of work done, SAWYER, BOOKKEI	as SPINNER, EPER, atc	Seamstres	8	Cerebral Hemorrhage	9/18/3
9. Industry or business in work wes done, as SAW MILL, BANK,	n which SILK MILL,	Own home			
10. Data deceased last wo	rkad at	1	time (yeers)		
this occupation (mo	nth and	Sp6	ent in this upation	27	
2. BIRTHPLACE (city or town)	Balti	more Cour	nt.v	Other Contributory Causes of importenca:	
(State or country)		land	3 Y- J		
13. NAME John H.	Keller				
14. BIRTHPLACE (city or to	own) Balt	imore Cau	nty	Name of operation Dete of	
(State or country)	Mary	rland		Whet test confirmed diegnosis? Clinical Wes there a	n eutopsy?
15. MAIDEN NAME	orilla Z	immerman		23. If death wes dua to externel ceusas (VIOL ENCE) fill in elso the follow	ing:
16. BIRTHPLACE (city or to				Accident, suicide, or homicide? Date of injury	, 19
(State or country)		ryland		Whera did injury occur? (Specify city or town, county and S	itate)
	Mary A. esville,			Specify whether Injury occurred in INDÚSTRY, in HOME, or in PÚBLIC	PLACE.
8. BURIAL, CREMATION, OR			00 00	Manner of Injury	
PlaceStone Cha	pel	Date Sept	22 ,1936	Neture of injury	
9. UNDERTAKER H. S.	Marshal	1 .		24. Wes diseese or injury in any way related to occupation of deceased?	No.
(Address) 3539	Falls Ro	ad.		If so, specify	
o. FILED Sept . 20 ,	1936	79 luc	hele	(Signed) 10 6 Michaels	M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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BUREA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	165)
0	Registration Dist. No. 33
lessentin	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)  Sds. How long In U.S. if of foreign birth?yrsmosds
7 J. Kruz	If U. S. Veteran, specify WAR
ebow her	St., Ward. woll Co:
(Usual place of abode)	If nonresident give city or town and State
STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
11	22. I HEREBY CERTIFY, That I ettended deceased from
my	Secreta Co, Hangling 19.
1880 Sept. 1	Light camb and alive on
Days If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
1	Date of onset
druelsing	Sevent by Husting
1.	
1day	
11. Total time (years) spent in this	
occupation was	Other Contributory Causes of Importance:
u bar 'llel	
,	Den Kun any
ruy	
1	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
1 / Haclelles	23. If death was due to external causes (VIOLENCE) fill in also the following:
1	Accident, suicide, or homicide? Surent Date of Injury \$1.13,19.3
	Where did injury occur?
in	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
and Try	
I Claves Cener Hanny!	Manner of injury Harry from here
Date Sah 16 , 19 3 6	
er x S	24. Was disease or injury In any way related to occupation of deceased?
ach Pa	If so, specify
1.0 0	(Signed) L. Eodsvard Myesa M.
W curl	(Address) acting on baseuch

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1950	July 5, 1927	Peritonitis	3 days ago
OCT S. I	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			T MH

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

STATE OF MA	RYLAND-	CERTIFICATE	OF	DEATH
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1	0	0	0	1
0	V	U	J	J

1. PLACE OF DEATH		92.00	1.11
County Ballo		Registration Dist. No.	
Village or City Assaure (	(If	No. So S Condition of the state	St., Ward
	,,,,,	, , , , , , , , , , , , , , , , , , , ,	
(a) Residence: No. 803 F	St Kulin Lt (Usual place of abode)	St., Ward.  If nonresident give city or to	and Share
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEA	
	INGLE, MARRIED, WIDOWED, R. DIVERCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 6 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	0	22. A J HEREBY CERTIFY, That I at	Violet.
6. DATE OF BIRTH (month, day, and year)	9 1892	I last saw h m alive on Sept 28, 1	936; deeth is sald
7. AGE Years Months	Oays If LESS than 1 day,hrs. ormin.	to heve occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	man	Valrular disease	Date of onset
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc		of he art	
O Date deceased last worked at this occupetion (month and year)	11. Totel time (years) spent in this occupation		******
12. BIRTHPLACE (city or town) Q		Other Contributory Causes of importance:	
13. NAME Frederick / X 1  14. BIRTHPLACE (city or town)	ohin		
14. BIRTHPLACE (city or town)	*	Name of operation Da	te of
(State or country)	2 10	What test confirmed diegnosis? Was the	ere an autopsy?
15. MAIDEN NAME Elizabeth  16. BIRTHPLACE (city or town)	miles	23. If death was due to external causes (VIOL ENCE) fill in also the formatter and t	
(State or country)		Where did injury occur?	
17. INFORMANTAS Matilda E (Address) 803 = 14 ft	hinger	(Specify city or town, county is Specify whether Injury occurred in INOUSTRY, in HOME, or in PUB	and State) LIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Me dia Va Di	to Seft 29 , 1936	Manner of Injury	
19. UNDERTAKER John J. D. Con (Address) 715 day	1 84	24. Was disease or injury in any way related to occupation of deceas	ed?
20. FILE DEPA 29, 1934 4 18	Ufun is Registrar.	(Address) PAPara	Pant

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V S.	3			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

(Year)

Date of onset

(Day)

11. Total time (years) spant in this occupation  gnettville	Othar Contributory Causes of Importance:
Vermettville	Name of operation Date of
Vermettvelle Police Bolts 6 md	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county and State)  Specify whether jnjury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
L. S. C. Deta Sept. 10, 1956	Manner of Injury Sustant death
Balto Courty md	16 so, specify  (Signed) Howard a Foulke, Coroner M. D.  (Address) Edgemere Balls County Md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 2

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	it	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones Gallstones	May 1,1923		1 year	
			aman a	

County Bal	21-		(50)	Desidentia Dia H	4
	ymore	Post	No 731 8	Registration Dist. No	
Village or City	Barren	0000		ution, give its NAME instead of street and	
Length of residence in	city or town where d	leath occurred 7 yrs	ds. How long in U.S. if	of foreign birth?m	0\$
2. FULL NAME	Unne	Cullend	indem on		
(a) Residence: No.	731 E	(Usual place of abode)	St., Ward.	If nonresident give city or town and	State
PERSONAL A	ND STATISTI	CAL PARTICULARS	MEDICAL C	ERTIFICATE OF DEATH	
3. SEX 4. COL Female &	or or race White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	(Month) (Day)	., 19
5a. If married, widowed, or di 	elliam Fl	1. Lindemon	22. A I HEREB	Y CERTIFY, That Vattenday	dece
6. DATE OF BIRTH (month, d	ay, end year)	nay 15 1859	I last saw h alive on	Lat. 1 4-,19	; de
7. AGE Years 77	Months 3	Days If LESS than 1 dey,h	to have occurred on the date stet  The PRINCIPAL CAUSE OF DEA were as follows:	ted bove, at 10.2 pm.  TH end related causes of importance	10
8. Trade, profession, or kind of work done SAWYER, BOOKK	particuler e, es SPINNER EPER, etc.	ousework	1	P.	Da
9. Industry or business	in which SILK MILL, and etc.	home	Memor	m of ever	-6
SAW MILL, BANK  10. Date deceased last we this occupation (myear)	orked at	11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town (State or country)	Henry yo	rk City	Other Contributory Causes of Imp	portance:	-
13. NAME James	o Cull	en .	Euseinama	of bearing ,	
14. BIRTHPLACE (city or (State or country)		and	Name of operation  What test confirmed diagnosis?	Dete of Was there an	19
H 15. MAIDEN NAME	ane H	e a field		ouses (VIOLENCE) fill in also the following	
5 16. BIRTHPLACE (city or	/		Accident, suicide, or homicide?	Date of Injury	
17. INFORMANT Mas g	raset E	Lindemon	Where did Injury occur?	(Specify city or town, county and Stain INDUSTRY, in HOME, or in PUBLIC PL	te) .ACE.
(Address) 73/7  18. BURIAL, CREMATION, OR Plece Oak	REMOVAL Cann	Date Sept 19 193	Manner of injury		
19. UNDERTAKER (Address)	m + De	nny	24. Was disease or injury in any if so, specify	way related to occupation of deceased?	
20. FILEDLA & Th	1934/9/	Aufornica () Registrar.	(Signed)	7-111AVZ	
		2(cg134(d1.	(11041033/	the second secon	-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Y. Ahat, Vattender deceased from

- Was there an au opsy2-

fill in also the following: \_ Date of Injury\_\_\_\_\_\_ 19\_\_\_

; death is sald

Date of enset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street our	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		SEP 11 1936	
Other contributory causes of importance:	ROME!	Other contributing causes of importance.	
Gallstones	May 1,1923	Gastroenteritis V. R.	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied. AGE should be

TION is very important. See instructions on back of certificate.

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

11	0	1	1)	3
V	J	1	U	61

County Baltimore  Village or City Towson Maryland  No. Sheppard and Encoh Prett H. Gaspital Not  Length of residence in city or town where dash occurred. Mays most of the hope in the control in a hoppital or institution, give in NAME inseed of street and number)  2. FULL NAME Grand Control of the Name of	1. PLACE OF DEATH		<del></del>	108	1
Langth of residance in city or town where death occurred . So. 18 years . So. Now long in U.S. If of long in	County Baltimore			Registration Dist. No.	0
2. FULL NAME Garge Clearands Mac Caldium, M.D. II U.S. Veteran, specify WAR  (a) Residence: No. 925 St. Park St. Baltimore St., Ward.    Personal and Statistical Particulars   St., Ward.			(If	No. Sheppard and Enoch Pratt Hosepit death occurred in a hospital or institution, give its NAME instead of street and	al Ward
(a) Residence: No. 925 S. Paul St. Boothome St. Ward.  PERSONAL AND STATISTICAL PARTICULARS  J. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORGED Courted the word)  Sa. II married, widowed, or divorced (Month)  Flore Inc. Eakin  Date of BIRTH (month, day, and yeer)  7. AGE  Years  Months  Days  1 IT LESS than  7. AGE  Years  Months  Days  1 IT LESS than  7. I approcession, or perticular wind day, and yeer)  S. HIMBS in which in the procession or perticular wind day, and yeer)  S. HIMBS in which in the procession or perticular wind day, and yeer)  S. HIMBS in which in the procession or perticular wind day, and yeer)  S. Highestry or business in which in the procession of perticular wind day, and yeer in the procession of perticular wind day, and yeer in the procession of perticular wind day, and yeer in the procession of perticular wind day, and yeer in the perticular wind day with days, and yeer in the perticular wind day with days, and yeer in the perticular wind day with days, and yeer in the perticular wind days and yeer in the perticular wind days and the perticular wind days and yeer in this yeer and the perticular wind days and yeer in the perticular wind d	Length of residanca in city or town whera	daath occurrad	_yrsmos	How long in U.S. if of foreign birth? 23_yrsm	osds.
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)  5. If married, widowed, or divorced HUSBAND of Plore noe Eakin  6. DATE OF DEATH  5. DA	2. FULL NAME George ale (a) Residence: No. 925 St.	Paul St,	Baltimore	MA If U.S. Veteran, specify WAR St. Ward.	
3. SEX  4. COLOR OR RACE  OR DIVORCED (wire the word)  Sa. II married, widowed, or divorced (ac) wife for word)  For the ce Eak in  5. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  II LESS than I day.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of one with done, as SYNNER, Physician  For min.  SAW MILL, BARK, etc.  10. Date Geased last worked at this occupation (month and 1913)  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of one with done, as SYNNER, Physician  White test confirmed diagnosis?  11. Total time (years)  Spant in his Synn this his occupation (month and 1913)  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of one of the date stated above, at. D. St. g.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of one of the date stated above, at. D. St. g.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of one of the date stated above, at. D. St. g.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of one of the date stated above, at. D. St. g.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of one of the date stated above, at. D. St. g.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of one of the date stated above, at. D. St. g.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of one of the date stated above, at. D. St. g.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of one of the date stated above, at. D. St. g.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of one of the date stated above, at. D. St. g.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of one of the date sta					State
OR DIVORCED Comit the word)  Total widowed, or divorced HUSBAID  HUSBAID  Florence Eakin  5.0. If married, widowed, or divorced HUSBAID  HUSBAID  Florence Eakin  5.0. If HEREBY CERTIFY, That I attended deceased from the Carbon Married and the stated above, at 5. 16 g.m.  19.3. It is saw him alive on. Left 30 19.56 dasth is said to have occurred on the date stated above, at 5. 16 g.m.  The PRINCIPAL CAISE OF DEATH and related causes of importance were as follows:  Were as follows:  Date of enset  Florence Eakin  5.0. ATE OF BIRTH (month, day, and yeer)  Park Years  Months  Days  It LESS than  It last saw him alive on. Left 30 19.56  It have occurred on the date stated above, at 5. 16 g.m.  The PRINCIPAL CAISE OF DEATH and related causes of importance were as follows:  Florence as follows:  Date of enset  Date of occupation  Other Costributory Causes of importance;  SWANDEN NAME  13. NAME  SAW MILL BARK, etc.  14. BIRTHPLACE (city or town)  (State or country)  The PRINCIPAL CAISE OF DEATH and related causes of importance;  SWANDEN NAME  SWAN HILL BARK, etc.  11. Total time (years)  speat in this occupation month and years)  speat in this occupation with and years occupation of the date stated above, at 5. 16 g.m.  The PRINCIPAL CAISE OF DEATH and related causes of importance were as follows:  Date of impury  12. BIRTHPLACE (city or town)  (State or country)  What test confirmed diagnosis?  Was there an autopsy?  Was there an autopsy?  Was there an autopsy?  Was there an autopsy?  Was there and injury.  Name of injury.  Name of injury.  Name of injury.  Name of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  13. UNDERTAKER  (Address)  14. BIRTHPLACE (city or town)  (State or country)  Was there an autopsy?  Was there an autopsy?  Was there an autopsy?  Was there an autopsy?  Was there are autopsy?  Was t					
HUSBAND OF COLOR FOR PICE EAKIN  22. I HEREBY CERTIFY. That I steeded deceased from Town 1933. to 1935. to 1935	MW	OR DIVORCED	(write the word)	September 30	., 193 (Year)
7. AGE Years Months Days If LESS than 1 day. I	HUSBAND of	Eakin			
7. AGE Years Months Days If LESS than I day	6. DATE OF BIRTH (month, day, and yeer)	pine 23,	1843		a: daath is said
A Trade, profession, or perticular kind of work done, as SPINNER. Physical Garden SAWYER, BOOKKEPER, etc.  1. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc.  1. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc.  10. Date deceased last worked at the spent in this occupation (month and year).  12. BIRTHPLACE (city or town).  (State or country)  13. NAME Garge Mac Callum  14. BIRTHPLACE (city or town).  (Stete or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT Hospital Records  18. BURLA, CREMATION, OR REMOVAL, Place Laurence of injury.  (Address)  19. UNDERTAKER  19. UNDERTAKER  24. Was disaase or injury in any way-ralated to occupation of degrees in the so, specify of the son injury in any way-ralated to occupation of degrees in the son injury.  Name of operation.  19. UNDERTAKER  24. Was disaase or injury in any way-ralated to occupation of degrees in the son injury.  Natura of injury  Pattrell  Mannar of injury  Natura of injur	15	Days 7	1 day,hrs.	to have occurred on the date stated above, at 5. 40 p.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
SAW MILL BARK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME George Mac Callum  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT HOSDITAL PECOTOS  (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  (Address)  19. UNDERTAKER  (Address)  10. Date of injury in any waveralated to occupation of deceased?  (Signed)  10. Date of injury in any waveralated to occupation of deceased?  (Signed)  10. Date of injury in any waveralated to occupation of deceased?  (Signed)  TOWNSON, Maryland  M. D.  (Signed)  TOWNSON, Maryland  M. D.	9. Industry or businass in which	Physicia	~	Gastric hemorrhage Lobar preumona	Jerminal Reptire
12. BIRTHPLACE (city or town) (State or country)  13. NAME George Mac Callum  14. BIRTHPLACE (city or town) (Stete or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Hospital Records (Addrass)  18. BURIAL, CREMATION, OR REMOVAL Place Battimora  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED 9/30, 1936  19. UNDERTAKER (Address)  21. Townson, 19. Carlon  19. UNDERTAKER (Address)  22. FILED 9/30, 1936  19. UNDERTAKER (Address)  24. Was disaase or injury in any way-ralated to occupation of dease-sed? (Signed)  19. UNDERTAKER (Address)  10. Townson, Maryland  11. Townson, Maryland  12. Townson, Maryland  13. NAME George Mac Callum  14. Date of country  15. MAIDEN NAME  26. BIRTHPLACE (city or town) (State or country)  27. Townson, Maryland  28. Was disaase or injury in any way-ralated to occupation of dease-sed? (Signed)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. Townson, Maryland  19. D. Carlon  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. UNDERTAKER (Address)	SAW MILL, BANK, etc	spent	in this	V	
13. NAME George Mac Collum  14. BIRTHPLACE (city or town) (Stete or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Hospital Records (Addrass)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)  20. FILED 9/30 1936  19. Mana of operation.  What test confirmed diagnosis?  Was there an autopsy?  What test confirmed diagnosis?  Was there an autopsy?  Was there an autopsy?  Was there an autopsy?  Was there an autopsy?  What test confirmed diagnosis?  Was there an autopsy?  Accident, suicide, or homicide?  Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  Mannar of injury  Natura of injury  Natura of injury  19. UNDERTAKER (Address)  Mannar of injury  Natura of injury  Natura of injury  (Signed)  Mannar of injury  Natura of injury  Natura of injury  (Signed)  Mannar of injury  Natura of injury  (Signed)  Mannar of injury  Natura of inj	12. BIRTHPLACE (city or town)	Canada		generalized arterioschiosis	-unk.
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Hospital Pecords (Addrass)  18. BURIAL, CREMATION, OR REMOVAL Place Button Park (Address)  19. UNDERTAKER (Address)  20. FILED 9/30 136  (State of country)  What test confirmed diagnosis? Was there an autopsy?  22. If death was dua to extarnal causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Mannar of injury Natura of injury  19. UNDERTAKER (Address)  24. Was disaase or injury in any wayeralated to occupation of deadsed?  16. BIRTHPLACE (city or town) What test confirmed diagnosis?  Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  18. BURIAL, CREMATION, OR REMOVAL Place  (Address)  Mannar of injury Natura of injury  (Signed)  19. UNDERTAKER (Address)  Towson, Maryland  M. D.  (Address)  Towson, Maryland	13. NAME George Mac	Callum		The state of the house	1012
15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Hospital Records (Addrass)  18. BURIAL, CREMATION, OR REMOVAL Place But timore (Address)  19. UNDERTAKER (Address)  20. FILED 9/30 136  21. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Whare did Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  Mannar of injury Natura of injury  19. UNDERTAKER (Address)  24. Was disaase or injury in any wayeralated to occupation of deceased? (Signed)  Arthur Pattrell  M. D. (Address)  Towson, Maryland	(Stete of country)	otland		A CONTRACTOR OF THE CONTRACTOR	7. 20
Whare did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL Place But timore Mannar of injury  Place But timore Mannar of injury  Natura of injury  19. UNDERTAKER (Address)  24. Was disaase or injury in any waveralated to occupation of deceased?  (Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Mannar of injury  Natura of injury  (Signed)  (Signed)  Arthur E. Pattrell  M. D.  (Address)  Towson, Maryland	0 16. BIRTHPLACE (city or town)	Sangste	<i>.</i>		
Place Laudon Park, Md. Date Oct. 2, 1936  Natura of injury.  19. UNDERTAKER  (Address)  24. Was disaase or injury in any way-ralated to occupation of degraded?  (Signed)  (Signed)  (Address)	17. INFORMANT Hospital Reco	rds	•••••••	(Specify city or town, county and Sta	te) .ACE.
(Address) 6 / Y 20 Address) If so, specify Continued (Signed) Archur L. Pattrell M. D. (Address) Towson, Maryland M. D.	Laudon Park	Date OC	t.2,1936		
Sputy of Call Registrar. (Address) TOWSON, Maryland		Miss	Teal	1 -11	/ No.
	189	MMULLY BUTY / TE		(Address) Towson, Maryland	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1 0 E C E	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis . 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
PRINCIPLE V. S.	11			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA:
IDDITIONAL	DI ACIS	L. OIL	FURTHER	STATEMENTS	DI	PHISICIA

See instructions on back of certificate.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

0	9	Î	03	
2	,	,		

1. PLACE OF DEATH	(65)
County Saftimore	Registration Dist. No. 34
Village or City Isenton	No. St Ward
Length of residence In city or town where death occurred 15 yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsds.
Minall the Cont	os now long in o.s. it of foleign birth?yrsmosas.
2. FULL NAME (CHIVER III, Master	
(a) Residence: No. Coulon (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Selet. 27 1936
5a. If married, widowed, or dispreed	(Month) (Pay) (Year)
HUSBAND OF Drothy & Howard	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) May - 1873	I last saw hime on Sold 27 ,1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
about - 63   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted dauses of importance were as follows:
8 Trade profession or particular	O1 Date of onset
SAWYER, BOOKKEEPER, etc. Sormer & aborar	Strangulation by hanging
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  To Date deceased last worked at the same deceased last wo	with the state of
	mare passe is far.
this occupation (month and 4/16/5/ spent in this year) spent in this occupation	Suicidal
la Bintilli son (cita and con )	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	0 1 1 1 1
# 13. NAME Daules IN Multin	oroners inquest killa
13. NAME Willes W Multy  14. BIRTHPLACE (city or town)	Name of operation
(Stale or country) May ellic	What test confirmed diegnosis?
15. MAIDEN NAME JUKNOWN	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Wirewords	Where did Injury occur?
17. INFORMANT OS CON Martina (Address) Shalay Will	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMETION, OR MENTO AL ALAR A COMMENTAL	Manner of injury & Edward Moun & P.
Place of Jayels Bull Date 9-19, 1936	Neture of injury Octing as Commen
19. UNDERTAKER Color Q. Sifton	24. Was disease or injury In any way releted to occupation of deceased?
(Address) Hamfisteaft Brust.	If so, specify
20. FILED Sept 27, 1936 To 6. Fromble M. D.	(Signed) M. D.
Local Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	12
The principal cause of death and related causes of importance were as follows:	.Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis (S) S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	_
1	
0. 1	
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1	. PLACE OF DEATH	77
	County Ould,	Registration Dist. No.
	Village or City Texas And-	NoBalto les Olsses House St., Wideath occurred in a horpital or institution, give its NAME instead of street and number)
		death occurred in a hospital or institution, give its NAME instead of street and number)  2. ds. How long in U.S. If of foreign birth?
	$\Omega$	4
2	2. FULL NAME + arry Murcur	Ut. W. S. Vetern yseify Wor.
	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 5	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
2	nale White OR DIVORCED (write the word)	Month) 3 (Day) 193 (Year)
5a.	If married, widowed, or divorcad HUSBAND of	22. / I HEREBY CERTIFY, That J attended deceased f
_	(or) WIFE of	Sept 25, 1936, to Sept. 30, 193
6. 1	DATE OF BIRTH (month, day, and year) hukuww	I last saw h un alive on Slft 30 , 193 6; death is
-	AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10.00m.
	and, 79	The PRINCIPAL CAUSE OF DEATH and related causes of importance
z	Trade, profession, or particular	Date of on
2	kind of work done, as SPINNER, Carpenter	(agenousa) - 34
OCCUPATION	9. Industry or business in which work was done, as SILK MiLL, SAW MILL, BANK, etc	(Privatatie)
SCL	SAW MILL, BANK, etc	f A 4
0	this occupation (month and 1932 spent in this 50400	(Unternal Summage) 121
12	BIRTHPLACE (city or town) A	Other Contributory Causes of importance:
-	(State or country)	
ER	13. NAME pulanoron	
FATHER	14. BIRTHPLACE (city or town) hulumour	Nama of operation
1-3	(State or country)	What test confirmed diagnosis? Chargeal Was there an autopsy?
HER	15. MAIDEN NAME Unknown	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
MOTH	16. BIRTHPLACE (city or town) hydrivary	Accident, suicide, or homicide?
Σ	(State or country)	Where did injury occur?
17.	INFORMANT Regester. Balts Co. Mushon (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place 3 alto be Im Souspare 6 7 2 ,1936	Nature of injury
19.	UNDERTAKER Of illiams le Brooks Lorg	24. Was disease or injury in any way related to occupation of decaased?
	(Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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	Example I		Example II	
The principal cause of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1036	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis NOV 3	1921	Run over by street car	1 week ago
Cerebral hemorrhage	PUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
	Bo			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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infor- state	UPA-			F MARYLAND-	CERTIFICATI	E OF DEAT	Ή (	19105
		1. PLACE OF DE			(0.3)		'n	20
tem of	OCCI	County	Baltimore		G / 123	Registration Dis		28
item	40	Village or City	Lowson	<u>V</u>	No. Cudowo f death occurred in a hospital or i		um St.,	War
> 00	#	Length of residence in	n city or town where de	ath occurredyrs,mo				
Every	E I	2. FULL NAME	nicholas	milich	If U.S. Veteran	specify WAR		
COMD. Every	statemen	(a) Residence: No	1412.R	ausey st.	St., Ward.			
人	t s	` '		(Usual p)ace of abode)			e city or town and	l State
REC.	Exact			CAL PARTICULARS		CERTIFICATE C	OF DEATH	
E E	9		LOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEAT	Sent	9	1936
IG T.L.	ed.	5a. If married, widowed, or d		injacy		(Month)	(Day)	(Year)
HZO	assified	HUSBANO of (or) WIFE of			22. I HERE	BY CERTIFY.	That I ettended	deceased fro
BIND FERMA	clas		0	1935	any 26	, 19.36 , to de	pt 9	19.56
BI PEI B	ly ate.	6. DATE OF BIRTH (month,		ine 20, 1936	I last sawh_cus_ elive or	0 !		; death is sa
FOR IS A Stated	properly certificate.	7. AGE Years	Months 2	Oays If LESS than 1 day,hrs.	to heve occurred on the date The PRINCIPAL CAUSE OF		/	
FC IS sta	pro	- 8. Trade, profession, or	r particular	// ormin.	were es follows:			Date of onse
ED HIS		kind of work do	ne, as SPINNER. KEEPER. etc.					-
N H	may	El arrange and a second	s in which		Sulnum	in Leberc	werin	Quene
ER K-		9 Industry or Dusines work wes done, SAW MILL, BAN 10. Date deceased lest	K, etc	11. Totel time (years)				1931
RESER G INK-	at it	this occupation (	month end	spent in this				
AG AG	erms, so that instructions o		10 - 0	4	Other Contributory Causes of	importance;		
ZI I	, so uct	12. BIRTHPLACE (city or town) (State or country)		imme C	7.12	to the base of the	The state of the s	Buch
MARGIN UNFADI supplied.	rms	13. NAME 20	with m	elieh		ZMINI	gows	110
MAR UNF suppli	in tel	14. BIRTHPLACE (city o	rtown und	noun.	Neme of operation		24 Date of	
=	·= 00	(State or country			What test confirmed diagnosi	schureal for	- Was there an	autopsy?
Y, WIT	n pl	15. MAIOEN NAME	nora a	logar	23. If death was due to extern	el ceuses (VIOL ENCE) fill li	n also the followin	g:
Y,	EATH in important	16. BIRTHPLACE (city o		slavia	Accident, suicide, or homicid	e? Oat	te of injury	, 19
be F	TA du	∑ (State or country)		Where did injury occur? (Specify city or town, county and State)			ite)	
		IT. INFORMANT	Hospital		Specify whether Injury occur	red in INDUSTRY, in HOME	, or in PUBLIC PL	ACE.
3 PLA	OF D	Eudowood Sa	natorium,	Towson, Md.				
	(m) .22	Place ou		Dete Selet 10, 1930	Manner of injury	************		
1 -WRIT	CAUSI		0		/ Retare of hijary	The man salated to account	- of dosc 12	
o. 1	C	19. UNDERTAKER (Address)	1014	an stall	24. Was disease or injury In a	my way related to occupation	on of deceased?	
Z m		1/0 100-10	36 111	Jackin Van Hon	(Signed) G-H-	Luipels te	in	
> Z	(T)	20. FILED 9	West !	Registrar.	(Address)T	owson, Mary	rland.	

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Example II	
The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:  Gastroenteritis	1 year
	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  Personitis  Other contributory causes of importance:

# HEALTH DEPARTMENT—CLEY OF BALTIMORE

em o shoul ent o		TE OF DEATH &
Every it CIANS t statem	Journal OF DEATH Journal OF BALTIMORE: (No. Rockwell An	give its NAME inste
PHYSIC FRASC Exact	2. FULL NAME And Canalla Canal	mosds. How long in U. S. If of foreign birth?yrsmos
rily ssift	(Usual place of abode)	(If non-resident give city or town and State)
ate.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ERMANI tated EX properly of certific	3. SEX 4. Coior or Raco  S. Singie, Married, Widowed, or Divorced (write the word)  5a. If married, widowed, or divorced  HUSBAND of	21. DATE OF DEATH (month, dny, year) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
S A P Id be s nay be back	(or) WIFE of  6. DATE OF BIRTH (month, day, year) Ang. 15, 1874	I last saw is alive on the date stated above, at Q. 204 m.  The principal cause of death and related causes of
shoul at it n	7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	importance were as follows:  Date of one
AGE so th	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	Descript Carcingnatoris 915/5
oing in applied. terms, See in	work was done, as silk mili, saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year).	Other contributory causes of importance:
UNFAI fully su in plair ortant.	12. BIRTHPLACE (city or town) Battlingsie (State or country)	Was an operation performed?————————————————————————————————————
TH are	13. NAME William I, Mills	For what disease or injury?
ild be of DEATS very	14. BIRTHPLACE (city or town) Baltimode (State or country)	What test confirmed diagnosis Clunical Was there nn autopsy? No. 23. If death was due to external causes (violence) fill in also the following:
LANI IN Shou ISE O	16. BIRTHPLACE (city or town) Ballage (State or country)	Accident, suicide, or homicide?
ITE Primation CAL	17. INFORMANT Howell are Cutor	place
WR info stat OCC	18. BURIAL, CREMATION, OR REMOVAL Pince Stuck Audge Date Sept. 21 1936	Nature of injury
Z R	19. UNDERTAKER Caston Sons (Address) Ellicate City Md	24. Was disease or injury in any way related to occupation of deceased
vs 3	20. FILED 9/20/36 10 Holy from	(Signed) M. I

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the

particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries.

Examples:

Example I	Example II	
The principal cause of death and related Date of onset causes of importance were as follows:	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1921	Run over by street car	1 week ago
Cerebral hemorrhage July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: S.  Gallstones  May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(191)
County Dallewor	Registration Dist. No. 31
Village or City M cooning 6	No. outside St., Ward
ACI	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	los. Led. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Tamur // Chreca	Melley If U. S. Veteran, specify WAR
(a) Residence: No. McComoph ma	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	Seletual 1026
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of HOAR R M. TTO.	22. I HEREBY CERTIFY, Thatal attended daceased from
man party 10. Intelled	Jebruary, 1934, 10 Sellent 1, 1936
6. DATE OF BIRTH (month, day, and yeer) Aug 4 /858	I last saw h alive on School 1 14, 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at \$53 Pm.
78 0 26 1 day,hr	ware se follows.
8. Trade, profession, or particular	Data of onsat
kind of work dona, as SPINNER, Acruse SAWYER, BOOKKEEPER, etc.	Wrone My reardly 1930
9. Industry or business in which work was dona, as SILK MILL House duties SAW MILL RANK etc.	10,112 20 11 1 1
	and regiments
10. Data daceasad last worked at this occupation (month and 1934) 11. Total time (yaars) 581 year)	<u> </u>
mary land,	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town)  (State or country)  Carrell Correll	
E 13. NAME Jours Forable	
14. BIRTHPLACE (city or town) Balturon Cowly	Nama of operation.
(State or country) was land	What test confirmed diagnosis?
# 15. MAIDEN NAME Celia Sumar	23. If death was due to external causas (VIOLENCE) fill in elso tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Data of injury19
(State or country) Mary land	Where did injury occur?
Harry B. mitters	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) not been and made	
18. BURIAL, CREMATION OR MERCY AL	Manner of injury
Placetestimuse Midate Alf 4, 1934	Nature of injury
19. UNDERTAKER Edwe Tipton	24. Was disease or injury in any way selated to occupation of decaased?
(Address) Hambettad Mil	If so, specify
20 EUED Sept 2 1021 Wing & that	(Signed) 6. 6. Michael M. D.
Registrar.	(Address) Pefleswells - Jane

N. B.

PHYSICIANS should state

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

mation should be carefully supplied. AGE should be stated EXACTLY.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	
1915	Attack of epitepsy	1 week ago
1921	Run over by street car	1 wcek ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09108
1. PLACE OF DEATH	940
County Ballemae	Registration Dist. No. 40
Village or City Nobels Cliff	NoSt. Ward
Length of residance in city or town where daeth occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Sister Mary Actreda M	
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
Fecuale 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Single	21. DATE OF DEATH  Sept.  (Month)  (Day)  (Yaar)
5a. If married, widowed, or divorcad HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY. Thet I attanded deceased from  June 29/35, 1935, to Sapt. 9 1936
6. DATE OF BIRTH (month, day, and year) April 26-1860	I lest saw h & alive on Sept. 2 , 19.36; daath is said
7. AGE Years Months Days If LESS than	to hava occurred on the date stated abova, at 2000 m.
76 5 /3   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importence were as follows:
8 Trade profession or particular	Coronary Occlesion Date of onset 7.00 A. M.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Sept. 9/3
9 Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) Erin Wisc	Other Contributory Causes of importance:  Atterio Sclassis
(Stata or country)	Hyper fension
13. NAME Wiffiam Mountain	
4 14. BIRTHPLACE (city or town)	Name of operation Date of
(Stata or country)	What test confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME Ann Flynn	23. If deeth wes due to external ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of Injury, 19
	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Sy. Mary Clara Hotel eliff, Und	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Pleca Notch Cliff, Private, Sept12th, 36	Menner of injury
Pieca 110 0011 011111 , -11 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Nature of injury
19. UNDERTAKER Geo, M. Fink & Son.	24. Was disaase or injury in eny way related to occupation of dacaasad?
(Addrass) 811, N. Wolfe St.	If so, specify
20. FILED SUP 11/2, 10 Palsy My Throngs	(Signad) All Fell M. D.
Registrar.	(Address) Lowson M

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the dcceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis OCT 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE I	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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BINDIA

FOR

RESERVED

MARGIN

S. No. 1

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Chronic interstitial nephralis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributers cover & Contributers			
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ECC. Every item of infor-PHYSICIANS should state N. B.—WRITE PLAILEY, WITH UNFADING INK—THIS IS A PERMANENT REC

/ STATE OF MARYLAND—	-CERTIFICATE OF DEATH 09110
1. PLACE OF BEATH	793
County Marmore	Registration Dist. No.
Village or City Morklander le	No. St., Ward
Length of residence in city or town where deeth occurredyrs,mo	
2. FULL NAME Jacob Frederick Obrecht	4th. If U. S. Veteran, specify WAR No Record
(a) Residence: No. 3801 Fenchurch Road	St. Ward. Baltimore Md.
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White Single	September 13th 1936
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBANO of (or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased fro
4. 1. ~ch 1912	19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19
6. DATE OF BIRTH (month, day, end year) December 1, 113. 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
> 2 8 /8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance
8. Trade profession or particular	electrical furns Oate of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
U 10. Date deceased last worked at this occupation (month and spent in this	
year) occupation (month and occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Paltimore, bd	Olite Continues of Importance
(State or country)	
13. NAME LOST Frederick Obush fr  14. BIRTHPLACE (city or town) Paltomore, Mal	
14. BIRTHPLACE (city or town) // (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME (athering for white)  16. BIRTHPLACE (city or town). Jaston re., Ind.	Accident, suicide, or homicide? Accident Oate of injury 1/13/1975
S (State or country)	Where did injury occur? ness brook landrille ho
17. INFORMANT Jack Frederick Oberford	Specify city or town, county and State's Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury electrus burns
Place Date Date Off 3 = 1930	Nature of injury
19. UNDERTAKER UM. Coly Bully and Address) 1219 St Paul of	24. Was disease or injury in any way related to occupation of deceased?
20, FILEO 9-14, 136 E E Michael Registrar.	(Signed) I form for feell from M.  (Address) likes in the ha
If more blanks are needed, address State Registra	y 2422 N. Charles Street Raltimore Requesting T. S. No. v.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis / Chi	. 1915	Attack of epilcpsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	KILAND—	CERTIFICATE OF DEATH	
02 00	•	(92-2)	2
Village or City Weeker Lall	· · · · · · · · · · · · · · · · · · ·	Registration Dist. No. 40	
Village or City ( Paper 7 acc		NoSt.,death occurred in a horpital or institution, give its NAME instead of street and n	umber)
Length of residence in city of town where death occurred		ds. How long in U.S. if of foreign birth?yrsmo	
2. FULL NAME SUMP	Lines	n	
(a) Residence: No.		St., Ward.	
PERSONAL AND STATISTICAL PA	place of abode)	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
	MARRIED, WIOOWED,	21. DATE OF DEATH	
OR DIVO	ORCED (write the word)	(Month) (Day)	193 G (Year)
5a. If married, widowed, or divorced HUSBANO of		1 HEREBY CERTIFY That Lattended	deceased from
(or) WIFE of Nattice Orem		17/11/20 1934/10 LUPT 30	1936
6. DATE OF BIRTH (month, day, and year) /8 5.7	Sept 10	I lest saw ham alive on Ipt 30/ 1936	; death is said
7. AGE Years Months Days		to have occurred on the date stated above, at 10.13 m.	
79   20	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Pank			
9 Industry or husiness in which		TO MONANTI MORPE	al
work was done, as SILK MILL, SAW MILL, BANK, etc		Will VI CEMIN	73.8
this occupation (month and	otal time (yeers) spent in this		-//
year)	occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)  (State or country)  Maw()	····/	A 4.	
(State of County)		Inous ful fular the line	4/1/2
I	•		
14. BIRTHPLACE (city or town)   Many care	<i>L</i>	Name of operation Date of	
x 70 12 11	en blome	What test confirmed diagnosis? Was there an a  23. If death wes due to external causes (VIOL ENCE) fill in also the following	
15. MAIDEN NAME Zyalla (G		Accident, suicide, or homicide?	
State or country) PEnn	4	Where did injury occur?	
17. INFORMANT mis Nelle Over (Address) When fall	<u> </u>	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	:) iCE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Place Frankence Date C	et 3,1986	Nature of injury	
19. UNDERTAKER Africa KM	cloma	24. Was disease or injury in eny way related to occupation of deceased?	
(Address) Abangolon.	ma	If so, specify	
20 ALES / X3 / 1. WALLOW MINTER	most	(Signature 1 197 www.	

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis FCFVE	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
OCT 5 1936		4	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOI	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDIN

FOR

RESERVED

MARGIN

S. No.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 00 3 1930	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	•			

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH @ aut 1 CITY OF BALTIMORE: (No. 1024 Leeds Ave. St. Ward)

Registered No. (If death occurred hospital or institution. give its NAME instead

of street and number.) 

CERTIFICATE OF DEATH

2. FULL NAME Mary E. Pundt

(a) Residence: No. 1024 Leeds Ave. St., Ward.

(If non-resident give city or town and State)

		( Usua	i place of	apod	e)
PERSON	AL AND	STATIST	ICAL P	ART	ICULARS
. SEX	4. Color or	Race	or Divor	ced (	write the word)
a. If married.	widowed, or			100	1
. DATE OF B	IRTH (mont	h, day, year)	Dec. 2	20.	1.880
. AGE	Years	Months	Day	,	If LESS than
5	5	8	16	5	ormin.
kind of	work done, bookkeeper,	as spinner,			
Industry work w	or business in cas done, as II, bank, etc.	which siik mill,	ousev	vif	e
10. Date dece this occ year)	ased last wor upation (mo		11. To		me (years) in this ation
2. BIRTHPLA (State or	CE (city or country) M	town)Ballarylan	timor d	e.,	Md.

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (month, day, year) LEAL 5	, 1936
	ceased from
I last saw h. Cr alive on Sept 5 19 36 to have occurred on the date stated above, at	Death is sai
The principal cause of death and related causes of importance were as follows:	Date of onse

Other contributory causes of importance:

***	9/
	Laan
	4

13. NAME William Green 14. BIRTHPLACE (city or town) ... Baltimore (State or country) Maryland

15. MAIDEN NAME Thomas

16. BIRTHPLACE (city or town) Parkersburg (State or country)

17. INFORMANT George A. Pundt (Address) 7024 Leeds

18. BURIAL, CREMATION, OR REMOVAL

PiaceNew Cathedral

19. UNDERTAKER

What test confirmed diagnosis? Current as there an autopsy? 23. If death was due to external causes (violence) fill in also the foiiowing:

Accident, suicide, or homicide?......Date of injury..... Where did injury occur?.... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public

Manner of injury ... Nature of injury.....

24. Was discuse or injury in any way related to occupation of deceased?

.If so, specify. (Signed).....

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the

particular kind of store, factory, mill, etc., as groccry store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1938	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
O SAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year 2

certificate.

See instructions on back of

TION is very important.

N. B.—WRITE PLA

1. PLACE OF DEATH			(210.700)
County Baltimore			Registration Dist. No. 43
Village or City Raspebur		72vrs mos	No. Bucks School House Roadt, Ward feath occurred in a hospital or institution, give its NAME instead of street and number)  s
2. FULL NAME Henry			If U. S. Veteran, specify WAR
(a) Residence: No. Bucks	(Usual place		U. St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	OR DIVORCE	RIED, WIDOWED, D (write the word) [arried	21. DATE OF DEATH September 9th, (Dev) (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Annie K.	Reider		22. I HEREBY CERTIFY, That I attended deceesed from
6. DATE OF BIRTH (month, day, and yeer)		1864	I lest saw h eliva on 19 ; deeth is seid
7. AGE Yeers Months	Deys	If LESS than	to heve occurred on the data stated above, at 8:30Am.
72 5	29	I day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were as follows:
Trada, profassion, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Farmer		Cerchal Embolism, 6 mo
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, es SILK MILL, SAW MILL, BANK, etc			Soffenny Brain & caused by an ou
10. Data deceesed last worked et this occupetion (month and 192	9 II. Total spe	time (yeers) entin this life upetion life	to holile resident which occurred from six months
	o. Co.,		Other Contributory Causes of importance: to a year ogo. Chit. R  Drywing a starried in Information yet altained at the t
# 13. NAME Henry Reider			a recently alex sorined man had not
Harthplace (city or town)	ny		Neme of operation
置 15. MAIDEN NAME Unknown	MINTS IN		23. If deeth was dua to externel ceuses (VIOLENCE) fill in elso the following:
15. MAIDEN NAME UNKNOWN  16. BIRTHPLACE (city or town) (Steta or country)  Ger	many		Accident, suicide, or homicide? Assident. Dete of Injurget obtained.  Where did injury occur? Information not obtained.
17. INFORMANT Mrs. Annie K. Reider (Address) Bucks School House Road			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cem.			Manner of injury
19. UNDERTAKER Fiel Just (Address) 7401 Bela1	r Road	<u>.                                    </u>	24. Was diseesa or injury in any wey releted to occupation of deceased?  If so, specify
20, FILED 9/10 , 1934 J	a. Frit,	M. D. Registrar.	(Signed) Colave J. M. D. (Address) 680 / Belace J. Rel.
If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the dcccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	. 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUNEA			
Other contributory causes of importance:	10.000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	0	4	4	per
- ()	y	1	1	0

	(23)
	Registration Dist. No. 3 3
If d	No. Mount Pleasanth Shuulanssen Ward death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? 27 yrs. mos. ds.
l	M. Ward.  If nonresident give city or town and State
1	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH  Suptember // 193 6  (Month) (Day) (Year)
	22. I HEREBY CERTIFY, That I attended deceased from  19.36, to September 11, 19.36  I last saw h alive on September 1, 19.36; death is said to have occurred on the date stated above, at 11.35 f.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	Chronic Pulmonary Tuberculoris 7 years
2	Other Contributory Causes of Importance; Tuberculosis of Testicle (Left) Tuberculosis of History?
	Name of operation Date of
-	What test confirmed diagnosis? Was there an autopsy?
-	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
	Manner of injury
-	24. Was disease or injury in any way related to occupation of deceased? NO.  If so, specify  (Signed) Mount Cooper M. D.  (Address) Mount Pleasant Printer town Md.

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Example I Example II

11	Zanipie II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:		

PHXSICIANS should state B.—WRITE PLAIMLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-Exact statement stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. AGE should be mation should be carefully supplied. TION is very important.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09116
1. PLACE OF DEATH	8270
County Balto.	Registration Dist. No. 43
Village or City Golden Ring	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
(a) Residence: No. Philadelphia Roa (Usyal place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OR DIVORCED (write the word) That The word of the word)	21. DATE OF DEATH  Stemler 18  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harriett E. Schumer	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Opril 22, 1887.	I last saw h
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, to Engineer 9. thoustry or business in which work was done, as SILK MILL, Kennard Willed SAW MILL, BANK, etc	Date of onset
year) occupation  12. BIRTHPLACE (city or town) Baltimore Ind.  (State or country)	Other Coatributory Causes of importance:
13. NAME Charles L. Schismer	
13. NAME Charles L. Schirmer.  14. BIRTHPLACE (city or town) Baltimore, md.  (State or country)	Name of operation Date of  What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Louisa Green	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Baltimone Md. (State or country)	Accident, suicide, or homicide?
17. INFORMANT Harrief E. Schermer (Address) Phila, Road Isolden Ring.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR BEMOVAL Place Oak Lawn am. Date Saft. 16 , 1936	Manner of Injury
19. UNDERTAKER George W. Sinkler & Coque Sh	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILED. 9/15, 19.36 D. A. Frit M.D. Registrar.	(Signed) Color Motor Jorono M. D.  (Address) Lossville Und

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis OCT 2 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. Y.

BINDIN

FOR

RESERVED

MARGIN

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis OCT	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUNEAU V. S.	July 5, 1927	Perilonitis	3 days ago
	Bush			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				I

S. No. 1

MARGIN RESERVED

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

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1	Example I	Example II		
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	OCT = 1990	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	tis 300 3 1000	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUMBALL V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory cau	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

11		09113
	PLACE OF DEATH	STATE OF MARYLAND
	County Balts	CERTIFICATE OF DEATH
V	County	Registration Dist. No. 80
1	Village or City Stevens (No (No Lamber)	St.: Ward)  St.: Ward)  A hospital or institution, give its NAME in stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Supt 20, 1936  Supt (Month) 20 (Day) 1936(Year)
	6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1921 to Sept 20 , 1936 that I last saw h malive on Supt 8 , 1926
1	7 AGE 49 yrs. 11 mos. 6 ds. or min.?	and that death occurred on the date stated above, at 6 30 Am The CAUSE OF DEATH * was as follows:
+	(a) Trade, profession or particular kind of work	
+	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. 4 mos de
	9 BIRTHPLACE (State or country) Md.	Contributory Secondary (Duration) yrs mos de
	10 NAME OF FATHER William Seundl.	(Signed) Value Te William M. D.
	OF FATHER (State or country)  W	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER hay R. Pennington	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)  Md.	At place of deathyrsmosds. In the Stateyrsmosd.
	14 THE ABOVE IS TRUE OF BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant)  (Address)  Shown Md	Druid Wall of Date of BURIAL  DATE OF BURIAL  DATE OF BURIAL  19 PLACE OF BURIAL  DATE OF BURIAL  19 PLACE OF BURIAL  10 PLACE
	15 Filed Sept 22 186 & & Ch.	20 UNDERTAKER . LIO ACTOR MORESS TO

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DRATH state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthdefinite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmen gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an whatever, write None. to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman. (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-(b) Grocery; E

Statement of Cause of Death—Name, first, the Discussion of Cause of Death—Name, first, the Discussion of Causation of Caus

S. tenpeus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease ap accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septionomia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart lanure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopncumonia (secondary) (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomfracture of skull, and consequences (e.g., sepsis, erican Medical Association.) commendations on statement of cause of roved by Committee on Nomenclature peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi interstitial nephritis, etc. valvular heart disease The contributory

If his certificate is looked over thoroughly and all questions nawared in detail, it will prevent further correspondence. All the land sessential and must be obtained before the certificate is permanently filed.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

	1. PLACE OF DEATH		93-c	
	County Baltingel		Registration Dist. No.	13
	Village or City Fullesto	~	No. 10 10 10 10 St., death occurred in a horpital or institution, give its NAME instead of street at	
	Length of residence in city or town where	death occurred yrs,	ds. How long in U.S. if of foreign birth?yrs,	_mosds.
	2. FULL NAME OF AND	a. Shankli	If U. S. Veteran, specify WAR	
	(a) Residence: No.	· · · · · · · · · · · · · · · · · · ·	St., Ward.  If nonresident give city or town	
	PERSONAL AND STATIST	(Usual place of abode)	MEDICAL CERTIFICATE OF DEATH	
	3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
	Fernale White	OR DIVORCED (write the word)	(Month) (Day)	(Year)
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Shanklin	22. I HEREBY CERTIFY. That I attend	ded deceesed from
e.	6. DATE OF BIRTH (month, day, and yeer)	14K 1860	I last saw h alive on Sup T 17	6; death is seld
cat	7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	
certificate	76 8	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Date of onset
o jo	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	at Home	Onmie my orandite	2 / 1/29
	9. Industry or business In which work was done, as SILK MILL,			
no	10. Date decessed lest worked at this occupation (month and year)	11. Total time (yeers) spent in this occupation		
instructions on back	12. BIRTHPLACE (city or town) Balty	5. Co;	Other Contributory Causes of importance:	1 day
instru	(State or country)	ghurst		
See	14. BIRTHPLACE (city or town) (State or country)	land	Name of operation Date of What test confirmed diagnosis Physical a Sulves there	
ıt.	# 15. MAIDEN NAME Comando	a Berone	23. If death was due to external causes (VIOL ENCE) fill in also the follow	
important.	16. BIRTHPLACE (city or town) (Stete or country)	to Co.	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
very im	17. INFORMAN C. Odygard. (Address) Fuller for	akeliuret -	(Specify city or town, county and Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC	State) PLACE.
is.	18. BURIAL, CREMATION, OF REMOVAC	eterne Seft 19 36	Manner of injury	
TION	19. UNDERTAKED FREDERICH AS (Addiess) 740/ Belai	r Boad	24. Was disease or injury in any way related to occupation of deceased?	ho
1	20. FILED 9/17	a Fif, M. D. Registrar.	(Signed) Sharthan alay	M.D.

V. S. No. 1

N. B.—WRITE PLAI

AGE should be stated EXACTLY. PHYSICIANS should state

MARGIN RESERVED FOR BINDING WITH UNFADING INK—THIS IS A PERMANENT RECO

of OCCUPA.

Exact statement

properly classified.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis OCT 2 1930	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S	July 5,1927	Peritonitis	3 days ago	
BUKEAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

# STATE OF MARYLAND-CERTIFICATE OF DEATH

09121

1. PLACE OF DEATH	(50)
County 13 allinere	Registration Dist. No. 42
Village or City English cursul	No. Centeurn St., Ward
0 (1	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	sds. How long in U.S. if of foreign blrth?mosds.
2. FULL NAME Clara Jona &	nowden
(a) Residence: No. 607 Manaplace of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5e. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Samuel Inouder	22. I HEREBY CERTIFY, That I attended deceased from 1936, to Light 12 1936
6. DATE OF BIRTH (month, day, end year) & spt- 23, 879	I last say alive on Light 1936; death is seid
7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the date steted above, at
67 1 2 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	(fesciona of
SAWYER, BOOKKEEPER, etc.	Ment, Stormel puch 1933
work was done, as SILK MILL, Hausewife	/ Luching [ Left Lide ]
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end year)  occupation	
12. BIRTHPLACE (city or town). (State or country)	Other Contributory Causes of Importance:
13. NAME Murshy  14. BIRTHFUACE (city or town).	Name of operation Mone Date of
(State or country)	What test confirmed diagnosis? Cancel Was there an au'opsy? ko
15. MAIDEN NAME Kathern Torn	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Lephanley & Murphy (Address) & intermotive	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place doudlin for Date syst 14, 19 36	Nature of injury
19. UNDERTAKER Reculymany + ambyse me.	24. Wes disease or injury In eny way related to occupation of deceased? No
20. FILED St. 12-1936 Se Sinkington	If so, specify (Signed) P Slam M. D.
Registrar.	(Address) 2708 Hallins Juny Rof.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

B.-WRITE PLA

TION is very important.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

#### Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes | Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis 3 days ogo Cerebral hemorrhage July 5,1927 Other contributory causes of importance: Other contributory causes of importance: Gollstones Gastroenteritis May 1,1923 1 year

# STATE OF MARYLAND—CERTIFICATE OF DEATH

09122

1. PLACE OF DEATH	- CO20
County / O alternació	Registration Dist. No. 42
Village or City Hale Charge mil	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	ds. How long in U.S. if of foreign blrth?mosds,
2. FULL NAME John H. Spenie (a) Residence: No. Washington Blod (grean	I Soulahoward Spaning Rd
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DEVORCED (write the word)  Name of the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Ida M. Spense	22. I HEREBY CERTIFY. That I attended deceased from JULY 16 ,1936, to JEPT 14 ,1936.
6. DATE OF BIRTH (month, day, and year) Oppel 5-1884	I last saw h_100 alive on JEPT 1, 0, 1936; death is sald
7. AGE Years   Months Days   If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
R Trade, profession, or particular kind of work done, as SPINNER.	ARTERIOSCIEROSIS Date of onset
SAWYER, BOOKKEEPER, etc.	mrococo. 713 sacite. Dura- for 193
Industry or business in which work was done, as SILK MILL attended Dury Place SAW MILL, BANK, etc.	tion: trea months.
kind of work done, as SPINNER. Jasoline Station SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL attended Dury SAW MILL, BANK, etc.  10. Date deceased last worked at  11. Total time (years)	Cultip
this occupation (month and year) spent in this occupation	
1 /2004 - 0. 1	Other Contributary Causes of importance:
12. BIRTHPLACE (bity or town)	-
13. NAME John W. Spluce  14. BIRTYPLACE (city or town) Saltunons	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Victoria Pursuer	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
E (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Hashington Block	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Jacob Place Date 17 1936	Manner of Injury
ma () a // ////	Nature of Injury
19. UNDERTAKER Sylvania Sylvania (Address) 16.0 or W. Martin and and	24. Was disease or Injury In any way related to occupation of deceased?
(Address) 160 g W. North Wel.	If so, specity 7
20. Syled 14 1936 De Perf	(Signed) Bolward J. M. D. (Address) 682 WAT MINDON DL VO

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The judustry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis 792k Run over by street car	1 week ago
Cerebral hemorrhage July 1937 Peritonitis	3 days ago
2 2 2	
Other contributory causes of importance:	
Gallstones Gastrocnteritis	1 year
ADDITIONAL SPACE FOR EIIDTHER STATEMENTS BY DIVSICIAN	

ERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore au sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yes.). For persons who have no occupation business, that fact may be indicated thus: Farmer (re or given up on account of the disease causing death, Housemaid, etc. If the occupation has been chauged gaged in domestic service for wages, as Screunt, Cook to report specifically the occupations of persons euployed, as At school or At home. Care should be taken work. or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a eu at home, who are engaged in the duties of the laborer, Farm laborer, Laborerworked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc For many occupations a single word or term on -Coal mine, etc. Wom-As examples: (a)

Statement of Cause of Death—Name, first, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Caucer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men head of "contributory." (Recommendations on statequences (e. g., sepsis, tetanus) may be stated under the Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under "Puerperal septicaemia." "Puerperal peritonitis," etc. diseuses resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Juanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," causing death), 29 ds.; Bronchopncumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on tura of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain—accident; Revolver wound of head—homicide; vulsions," (secondary or intercurrent) affection need not be Whooping cough; FOR VIOLENT DEATHS STATE MICANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Chronic valvulur heart discase; Example: Measles (disease (second-(merely "Cou-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

RESERVED

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
OCT 3 1936	1		3 7	
Other contributory causes of importance:	Carlo Carlo	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		<u> </u>	
County Baltinice		Registration Dist. No.	
Village or City Fullector	ر (۱)	No. Fitch ave . St., death occurred in a hospital or institution, give its NAME instead of street and	
Length of residence in city or town where d	eath occurred	ds. How long in U.S. if of foreign birth?yrsm	osds.
2. FULL NAME Sheedon	e Stiff	If U. S. Veteran, specify WAR	
(a) Residence: No. Fitch	(Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH September 19 (Month) (Day)	, 193 <u>4</u> (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I ettended	deceased from
6. DATE OF BIRTH (month, day, end yeer)	hand	I last saw has alive on Alux 19	: deeth is sald
7. AGE Years   Months	Days If LESS than	to have occurred on the dete stated above, atm.	
about 30 year	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	I Data stand
8. Trade, profession, or particular kind of work done, as SPINNER,	P		Date of onset
- SAWTER, BUUNNEEPER, OC.	Jabrier	Partage	
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Farm	orfordellen to Hemoules	7
To Date deceased lest worked at this occupetion (month and year)	11. Total time (years) spent in this occupation	lest lung	
PARTIE ACT (City of August)	4. 1	Other Coutributory Causes of importance:	
(State or country)		Sun Slist non	
# 13. NAME Interven			
14. BIRTHPLACE (city or town)	Λ	Neme of operation Dete of	
(State of country)	curen	What test confirmed diagnosis? Was there an	autopsy?
15. MAIDEN NAME MITTEE	Stiff	23. If death wes due to external ceuses (VIOLENCE) fill in also the followin	g: ,
15. MAIDEN NAME  16. BIRTHPLACE (city or town)		Accident, ouicide, or homicide? Date of Injury_9/1	9 19 3 6
(State or country)	gimes.	Where did injury occur? Tables In 1 Miles (Specify city or town, county and Sta	te)
17. INFORMANT Julie O	arge,	Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PL	ACE.
(Address) 1739 h.  18. BURIAL, CREMATION, DR REMOVAL	Cary St.	ax mis nine	
0000	. Date lept. 21, 1936	Nature of injury Shot When I have been some some some some some some some some	A
19. UNDERTAKER Frederick	Las leveled	24. Was disease or injury in any way related to occupation of deceased?	
(Address) 7401 Bela	il Price	If so, specify Denter a South	
20, FILED 9/21 , 1936 B.	a Fit mo	(Signed) 6801 Belass Rolf	M. D.
	8 Registrar.	(Address)	

V. S. No. 1

N. B.—WRITE PLAIN

5. Every item of infor-

EY, WITH UNFADING INK-THIS IS A PERMANENT RECO MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I		Example II		
The principal cause of dea of importance were as followarteriosclerosis	th and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1000	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	OCT 2 1930	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

HEALTH	DEBARTMENT_CITY	OF	BAI TIMOPI	
HEALIH	DEPARTMENT—CITY	OF	BALTIMOR	Ξ

09126

	Halu	M	CERTIFICA	TE OF DEATH	
	1. PLACE O	Ne	ly o	2.5	Registered No. 42
		Charles	Ve Blancher	RAS Ward	(If death occurred in a hospital or institution,
4		LTIMORE: (No	1/1		give its NAME Instead of street and number.)
11	Length of residen	nce in city or town	whore death occurredyrs	mosds. How long in U. S. If of	If U. S. Veteran
	2. FULL NA	ME STATE	asson Luaves	s n	specify WAR
	(a) Reside	ence: No.	ai place of abode)		sident give city or town and State)
	PERSONAL		ICAL PARTICULARS	MEDICAL CERTIFI	
3 8 8 8 8		. Color or Race	5. Single, Married, Widowcd,	21. DATE OF DEATH (month, day,	vesr) 9/29/36 . 19
	a.	W	or Divorced (write the word)	22 I HEREBY CERTIFY,	That I attended deceased from
ce		idowed, or divorced	1 11 00.	Sept 127 136,	AA MA 31
K O	HUSBAND (	i frush	1 Mustons	I last saw h/h/1 alive on Depli	Death is said
Dac	6. DATE OF BIR	TH (month. day, year	June 22 " 185	to have occurred on the date stated a  The principal cause of death and relate	14510
5	7. AGE	Years Months	Days If LESS than 1 day,hrs.	importance were as follows:	nongry luber Date of onset
ons		//1 3	ormin.	Myocarditis CI	propie not
uct	kind of w	ession, or particular ork done, as spinner, ookkeeper, etc	Yaler Hanger		Known
nstr	9. Industry or	business in which		033333333333333333333333333333333333333	
ee 1	saw mill, Date deceas	bank, etced last worked at	11. Total time (years) spent in this	Other contributory causes of importance:	11.44.
Ñ	this occur	pation (month and	spent in this occupation		S
ant.	12. BIRTHPLACE		1 1	Was an operation performed? 45	Date of Sept 17# 36
ort	(State or co	untry)	omen in	For what disease or injury?	rieal Adentis
imp	13. NAME	youth	Sugaras	Name of operation Opening H	650088 Date of /17/36
ery	14. BIRTHPL (State o	Age (city or town)	Balk	What test confirmed diagnosis?	auses (violence) fill in also the fol-
S	Maiden	NAME /	house	iowing: Accident, suicide, or homicide?	
Z	16. BIRTHPL	ACE (city or town)	W. A.	Where did injury occur?	ecify city or town, county, and State)
TIO	X (State o	or country)	Salp	Specify whether injury occurred i	n industry, in home, or in public
IPA	17. INFORMANT	Carrie Si	ultus	place	***************************************
S	(Address)	REMATION, OR KEM	OVAL (2)	Manner of injury	***************************************
ŏ	Place De	. 1.1	9 Date 2 190		
1	19. UNDERTAK	ED Holery	Brooks Sson	1 110	ay related to occupation of deceased
Per	(Address)	Calhon	a stalling se	If so, specify	ward M.D.
>	20. FILED GO	t 1-, 19.36	o le Miles fo	(Signed) (Address)	essup. M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the

particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases, or injuries. Examples:

	Example I		Example II		
The principal cause causes of importance were	of death and re as follows:	related	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of or
Arteriosclerosis	NOV 2	1936	1915	Attack of epilepsy	1 week
Chronic interstitial neph	ritis		1921	Run over by street car	1 week
Ccrebral hemorrhage	BUREAU	V. 3	July 5, 1927	Peritonitis	3 days
			لأحوم ال		
Other contributory cau	ses of important	ee:		Other contributory causes of importance:	
Gallstones			May 1, 1928	Gastroenteritis	1 year

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# STATE OF MARYLAND—CERTIFICATE OF DEATH

1	0	1	0	6
V	V	1	4	6

1. PLACE OF DEATH	
County Baltimore	Registration Dist. No.
Village or City_Dundalk	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a norpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME SVEND ERIC SECLEN SVENDSEN	
(a) Residence: No. 18 Township	34, Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White "arried "arried"	21,1936 <sub>193</sub>
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)  22. A I HEREBY CERTIFY, That I attended deceased from
Anna Swendsen	July 31 ,1936, to dept 24, 1936
6. DATE OF BIRTH (month, day, and year) an 26, 1879	Mast sawh alive on agot. 19, 1936; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at / Pm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
57 7 26 ormin.	were as follows:
kind of work done, as SPINNER hemical Engineer	January Stomacu \$21.36
kind of work done, as SPINNER hemical Engineer SAWYER, BOOKKEEPER, etc. hemical Engineer SAWYER, BOOKKEEPER, etc. hemical Engineer Work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc	
this occupation (month and year)	
12. BIRTHPLACE (city or town) OF WAY	Other Coutributory Causes of Importance:
(State or country)	none
13. NAMHans E. Svendsen	
13. NAMEJans E. Svendsen  14. BIRTHPLACE (city or town)	Name of operation Jastro-Enterostorry Date of 8-19-36 What test confirmed diagnosis? Chriscal Was there an autopsy? Ho
15. MAIDEN NAMELena Seglen	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Lena Seglen  16. BIRTHPLACE (city or town) NOTWAY	Accident, suicide, or homicide?
≥ (State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANIANA Svendsen (Address) 8 Township	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Mary Date 19.6	Nature of Injury
19. UNDERTAKER John Ullice	24. Wes disease or injury In any way related to occupation of deceased?
(Addiess) ( 60 F W Coans All.	If so, specify (Signed)
20. FILED 4/25/19. 19. Al Mearine	(Signed) M. D. (Address) 2 Tripling Rdy Dynalelle md
	THE MANNEY WAS TO THE PARTY OF

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Exa	mple I	-	Example II		
The principal cause of death of importance were as follows	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	DECEL	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	11 20	A 1921	Run over by street car	1 wcck ago	
Cerebral hemorrhage	OCT O	July 5,1927	Peritonitis	3 days ago	
	BILLINGAU	. 5.			
Other contributory causes of	importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLA

AGE should be

1. PLACE OF DEATH	(23)
County Baltimore	Registration Dist. No. 9 38
Village or City EUDOWOOD SANATORIUM, TOWSON,	MQto. St Word
Length of residence in city or town where death occurred 3 yrs 0 mos	death occurred in a hospital or institution give its NAME instead of street and a wall and
0 - 1 - T	A How long in U.S. if of foreign birth?
2. FULL NAME Jauline Jamsen	o of
(a) Residence: No. 5 2 9 /V : Usual place of abode)	St., Ward. Ballimore
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH A
Fewor Wut OR DIVORCED (write the word)	Sepluber 22 1936
5e. If married, widowed or diverced	/ (Month) (Day) (Year)
HUSBAND of Charles Toward.	220 HEREBY CERTIFY, Theth attended deceased from
0 21 1800	Soplarter 12, 1933 3, 10 Soplarter 22, 1936.
6. DATE OF BIRTH (month, day, end year) 7. AGE Yeers Month's Devs If LESS than	I last saw h. elive on Septentis 22, 1936; death is said
7. AGE Yeers Month's Deys If LESS than I day,hrs.	to heve occurred on the date stated ebove, et_/_/Q_f_m.  The PRINCIPAL CAUSE OF DEATH end releted causes of importence
8 Trade profession or particular	were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, Amseurif	PID TURES TURES
Kind of work done, es SPINNER, Amsewiff SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL,	1021.
	1.031.
SAW MILL BANK, etc.  10. Dete deceased last worked at this occupation menth and year)  11. Totel time (yeers) spent in this occupation occupation occupation occupation.	
12. BIRTHPLACE (city or town) Czeckoslovakia? (State or country)	Other Contributory Causes of Importence:
13. NAME //aclor mass:	
13. NAME Color Mars: 14. BIRTHPLACE (city or town) Czichoslovakia	Neme of operation Date of
(State or country)	Neme of operation
15. MAIDEN NAME Thank Jochora.	23. If deeth was due to externel causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) Czeckoslo vakia.	Accident, suicide, or homicide?
(State of Country)	Where did injury occur?
Hospital Records Personal History	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Eucharisod Sanatorium, Towson, Md.	
18. BURIAL, CREMATION OF REMOVAL PIECE FACTOR COMPANY Date 9/25/36	Menner of injury
Plece Date 7 Date 7 Pg	Nature of injury
19. UNDERTAKER CHULFS OF WAR	2. Was disease or injury In eny wey related to occupation of deceased?
XULLES 36 HIVING TO SE	If so, specify (Signed) A G Brides M.D.
28. FileD 19 19 19 19 19 19 19 19 19 19 19 19 19	(Address) Towson, M. D.
	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example J.		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
3			
1000	182		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	>/		
The state of the s		fine and the second section of the second section of the second section sectin	
	A		

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1.	PLACE OF	DEATI	н			(25)	
1/	County	Balti	more			Registration Dist. No. 3 2	
2	Village or Ci Length of resid	lence in city	or town where	death occurred	2yrsmos	No. St.,  death occurred in a horpital or institution, give its NAME instead of street and nu.  ds. How long in U.S. if of foreign birth? yrs. mos.  If U.S. Veteran, specify WAR	Ward
	(a) Residence	e: No. P	ikesvi	Usualplace		St., Ward.  If nonresident give city or town and St	atc
	PERSON	AL AND	STATIST	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. S	Male	Wh	or race	OR DIVORCE	RRIED, WIDOWED, D (write the word) TT10d	21. DATE OF DEATH September 20th, (Month) (Day)	193 <u>6</u> (Year)
5a.	If married, widowe HUSBAND of (or) WIFE of			aylor Tr	oyer	22.   HEREBY CERTIFY. That I attended de	
6. I	DATE OF BIRTH (	month, day,	and year)	May 5th,	1894	I last saw h;	death is said
7. /	AGE Year	A 10	Months 4	Days 15	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
OCCUPATION	9. Industry or I work was SAW MIL 10. Date decease this occupyear)	business In a done, as SII. L, BANK, etced last worker pation (mont	which LK MILL, c. ed at th and 9/18	11. Total 3/36 spe	time (years) ent in this 24 upation 24	Dther Cantributory Causes of importance:	
HER	13. NAME Ja		lroyer				
FATH	14. BIRTHPLACE (State or	(city or tow country)	m) Pata	psco, Mo		Name of operation Date of What test confirmed diagnosis? Was there an au	
MOTHER		(city or tow		Taylor,	l.	23. If death was due to external causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide? Date of Injury  Where did injury occur?	
	(Address)	Pate	apsco.	er. Md.		(Specify city or town, county and State. Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLAN	CE.
19.	Place V-CA  UNDERTAKER (Address)	Edi	oliupe surf	Date 9 Thorough	-27,1936 Pemal Juchola	Manner of Injury  Nature of injury  24. Was disease of injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)	

. S. No. 1

-WRITE PLAINEY

N. B.-

should state

Exact statement of OCCUPA-

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS

CAUSE OF DEATH in plain terms, so that it may be properly classified.

WITH UNFADING INK-THIS IS A PERMANENT RECO

MARGIN RESERVED FOR BINDING

5. Every item of infor-

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- 9.—The industry or business in which the work was done.
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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example I	j	Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	WED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	icitis = CE	1921	Run over by street car	1 week ago
Cerebral hemorrhage	RES	July 5, 1927	Peritonitis	3 days ago
The state of the s	OCT 2			
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			and the second s	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of

AGE should be

certificate.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1	8	9	10	13	1	١
- 8	-3	1	Y	- (	Ŧ	ı
-0	J	27	1	0	1	J

1. PLA	CE OF DE	ATH			23	
Cou	nty Balt	imore			Registration Dist. No. 5	SS
		It, Wilso		(16 () yre 6 mae	Mt. WILSON Branch, Md.  No.Tuberculosis SanatoriumSt death occurred in a hospital or institution, give its NAME instead of street  8 ds. How long in U.S. if of foreign birth?  yrs.	., Ward
	L NAME Residence: No.	Mrs. Vic 2403 1	Fait Ave	nue	If U. S. Veteran, specify WAR	•
DE			(Usual place		If nonresident give city or town	
		ND STATIST			MEDICAL CERTIFICATE OF DEAT	Н
3. SEX Fema		White	5. SINGLE, MAR OR DIVORCEI Marr	RIED, WIDOWED, O (write the word) ied	21. DATE OF DEATH September 20th, (Month) (Day)	193.6 • (Yeer)
5a. If merrie HUSBA (or) W	d, widowed, or di ND of IFE of	James	3 Twardo	wski	22. I HEREBY CERTIFY, Thet lette March 12th, 19 36, to Sept. 2	
6. DATE OF	BIRTH (month,	day, end year) J	aly 13th	. 1904	l lest saw h.er elive on Sept. 20th, 19	
7. AGE	Yeers 32	Months 2	Deys 7	If LESS than I dey,hrs.	to have occurred on the date steted above, at 6. 50 P.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Tree	fe, profession, or	1	1	ormin.	were es follows:	Date of onset
NO O. H.	kind of work don SAWYER, BOOKK	e. as SPINNER.	Housew	ife	Pulmonary tuberculosis	1934
9. Indu	ustry or business work wes done, e SAW MILL, BANK	in which s SILK MILL, c, etc	11. Total ti 34 occu	me (yeers) ntin this 7 yr		
(Stet	e or country)	Pennsy	rlvania.		Laryngeal tuberculosis	Apr.
当. NAN	ne Star	islaus V	Visniews	ki		1936
	THPLACE (city or (Stete or country)	The Table	nown and		Neme of operation Determined diagnosis? X-ray, and was there	of
四 15. MAI	DEN NAME	Mary Bal	cerek		23. If death was due to external ceuses (VIULENCE) fill in else the foll	in sputum
	THPLACE (city or (Stete or country				Accident, suicide, or homicide? Date of Injury  Where did injury occur?	, 19
	ANT A OCA	ia N. K.	cluech.	oly	(Specify city or town, county un Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLI	d State) C PLACE.
18. BURIAL,	CREMATION, OR	REMOVAL	Date Dy	24 ,1936	Menner of injury	
19. UNDERT	AKER Joh	n In	Welle	2 Balto	24. Wes diseese or injury in eny way releted to occupation of deceased If sg. specify	17. NO.
20. FILED	1/21	, 19.36	E & M	Klold Registrar.	(Address) Mt. Wilson, Md.	Щ м. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
13			

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May XIE3	Other contributory causes of importance:	1 year
		W U M G	

MARGIN RESERVED FOR BINDING

-WRITE PLAINLY,

V. S. No. 1

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	The second secon
County Salling	Registration Dist. No.
Village or City Felley	No. Washing Im Blod . St., Ward
^ / 20	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John E. Wall	
(a) Residence: No. Washing The Blog	St., Ward.
(Usua place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3.SEX. 4.COLOR OF RACE SUNGLE MARRIED WIDOWED.	
3 SEX 4. COLOR ON RACE ON DIVORCED wing the word)	21. DATE OF DEATH (Month) (Day) (Year)
5s. If married, widowed, or divorced AUSBAND of	
Kowie Seitrude Wall.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year le, 2/ 1863	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
33 8 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPLNNER,	Chronic valvalus heart 3740
SAWYER, BOOKKEEPER, etc.	dusco. Senus
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	arrythmia - deamfunta
9 Andustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  2. I 3 NAME	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Sullumine Cg	Chrowie fashing congestion , much ,
(State or country)	forlunary Ederma
13. NAME OU OUL  14. BIRTHPLACE (city or town) Stello	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Equality)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Compared Williams  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) ( Sylve Co )	Accident, suicide, or homicide?
(State or country) Warylasell	Where did injury occur?
17. INFORMANT ANY A. Walley	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Olllors all fell Date left. 7, 1936	Nature of injury
19. UNDERTAKER Laston Sous	24. Was disease or injury in any way related to occupation of deceased?
(Address) Elle Al Cily	If so, specify
20. FILED Sept 7, 1936 Gest Keeffer	(Signed) TEderico V. Jen lar M.D.
Registrar.	(Address)

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Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1910	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	1915   Attack of epilepsy   1921   Run over by street car   July 5, 1927   Peritonitis     Other contributory causes of importance:

1. PLACE OF	F DEATH altimore			92-00 Registration Dist. No. 3		
Village or C	ity Parkville	è	()	No. 3002 E. Taylor' Aye. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of resid	denca in city or town whara	daath occurrad6	Qyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds		
2. FULL NAI	ME John H.	Wagner		If U.S. Veteran specify WAR		
(a) Residen	ce: No. 3002 E.	Taylor	Ave.	St., Ward.  If nonresident give city or town and State		
PERSON	AL AND STATIST	(Usual place		MEDICAL CERTIFICATE OF DEATH		
3. SEX	4. COLOR OR RACE White	5. SINGLE, MARI	RIED, WIDOWED, ) (write the word)	21. DATE OF DEATH  September 8th, 193.6.  (Month) (Day) (Year)		
5e. If married, widow HUSBAND of						
(or) WIFE of				22. I HEREBY CERTIFY, That I attended decased from 4 structure 1 1936 to Sufficient 1.1936		
& DATE OF RIDTH (	month, day, and year) A	oril 23.	1868	I last saw h 1 m aliva on 547 8 , 1936; death is s		
7. AGE Yea	1	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the dete stated above, at 12:15 mP • M • The PRINCIPAL CAUSE OF DEATH and related causes of importance		
8. Trade, profeskind of v SAWYER,	ssion, or particular vork done, as SPINNER, BOOKKEEPER, etc businass In which			Chrosic Mon Talvular Neart descal		
3 SAW MIL	s done, as SILK MILL, L, BANK, etc	1				
O this occu	ed last worked at pation (month and 19	20 II. lotal ti	ma (yaars) of In this upationlife.			
	ty or town) Wash			Other Contributory Causes of Importance: Beniggy Prastata Hypertrophy		
13. NAME He				Auturio Allerois -  Name of operation 7/07e Date of -		
I IS. NAME ITE						
	(city or town)	many		What test confirmed diagnosis? Physical Grand Was there an autopsy? The		
15. MAIDEN NA	ME Elizabet	h Englan	d	23. If death was due to external causas (VIOLENCE) fill In also the following:		
16. BIRTHPLACE	(city or town)B	altimore		Accident, suicide, or homicide?		
	iss Mamie 3002 Taylo	Wagner		(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMAT			t.11 1936	Mannar of injury		
19. UNDERTAKER	Frederick L	assalus	Low	24. Was disease or injury in any way related to occupation of deceased? Ho		

V. S. No. 1

(Signed)\_

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Chronic interstitial nephritis 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	Ever	CIAN	emen		
	9	KSI	stat		
	REC	PB	xact		3.
75	LIL	LY.	H.		
OINC	ANE	CT	ssifie		5a
SINI	ERM	EXA	clas	e.	6.
R I	A P	ted	perly	ificat	7.
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SER	NK	shou	it m	on ba	DOCC
RE	NG I	AGE	that	ous	-
GIN	ADD	ed.	S, S0	tructi	12
(AR	UNF	uppli	term	e ins	THER
>	TH	lly s	plain	Se	R FA
	N. BWRITE PLAINAY, WITH UNFADING INK-THIS IS A PERMANENT RECE. D. Every item of infor-	carefu	H in	TION is very important. See instructions on back of certificate.	3. 3. 5a 6. 7. NOLLER HATHER 19 200
	AIL	d be	)EA1	imp.	17
	PL.	houle	OF 1	very	18
	RITE	ion s	USE	si N(	-
10.1	W-	mai	CA	TIC	19
V. S. No. 1	N. B	(	7	()	20

SIAIL  1. PLACE OF DEATH	OF MARYLAND—	CERTIFICATE OF DEATH	
0 10	. ,	(LE) 30	
County Balles	non	Registration Dist. No.	
Village or CityCalena	elle Jenny	No. St., St., f death occurred in a hospital or institution, give its NAME instead of street and num	War
Length of residence In city or town when	e death occurredyrsmos	8 ds. How long In U.S. if of foreign birth?yrsmos	d
2. FULL NAME Lucy	W. Millian	If U. S. Veteran, specify WAR	
(a) Residence: No kinthica	un lessata, Merala	St. Ward.	
	(Usual place of abode)	If nonresident give city or town and Stat	e
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	-
	Widowed	(Month) (Day)	(Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 101:11.	22. I HEREBY CERTIFY, That i ettended dece	eased fro
(01) 11112 01 . 1/1	Williams	August 24, 1936, to Sept 1	19-36
DATE OF BIRTH (month, day, and year)	et 200 1875	I last saw h en elive on Sept , 1936; de	eath is sa
. AGE Years Months	Days If LESS than	to have occurred on the date stated above, et	
61 10	20 I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:	ate of ons
8. Trade, profession, or particular kind of work done, as SPINNER,	01001.		Lors
SAWYER, BOOKKEEPER, etc	and I lessen +		1936
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Carcheepen	Myrotopeorin (Exapthalminionta)	1936
10. Date deceased last worked at this occupation (month end	11. Total time (years)		
year)	spent in this occupation		.Z.
2. BIRTHPLACE (city or town)	ville Hentrocky	Other Contributory Causes of importance:	1900
(State or country)			19.6.
13. NAME Jesque (14. BIRTHPLACE (city or town)	Villiam Wilson		
14. BIRTHPLACE (city or town)	Lentucky	Name of operation None Date of	
(State or country)		What test confirmed diagnosis leaves of Anatom Was there an autop	sy?
15. MAIDEN NAME LELL	a Cohneon	23. If death was due to external causes (VIQL ENCE) fill in also the following:	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	entrasylvania	Accident, suicide, or homicide?Date of Injury	, 19
(State or country)		Where did injury occur? (Specify city or town, county and State)	
7. INFORMANT Kyter	+ Wilson	Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.	
8. BURIAL, CREMATION, OR REMOVAL	a Keighta, Nd.		
Place Christ Church	Date Supt 3, 1936	Manner of injury	
00 46	0 10	Nature of injury	
(Address)	mess toon	24. Was disease or injury in any way related to occupation of deceased?	0
al a	ina ma	If so, specify	
20. FILED 19-3	Registrar.	(Signed) (Address) Of wille	7 A A
16		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	unan

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A second	and the second		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No. 1

tD. Every	TSICIANS	statement	
I. KECO	Y. PHY	Exact :	/
ALTEI, WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every	l be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	)EATH in plain terms, so that it may be properly classified. Exact statement	
IS A PE	stated E	properly	immortant Con instanctions on Last of contifficate
HIS	pe	pe	30
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STATE OF MARYLAND—CERTIFICATE OF DEATH tem of infor-OCCUPA. 1. PLACE OF DEATH plnods Registration Dist. No Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) - mos. 25 ds. Length of residence in city or town where death occurred How long in U.S. If of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of 22. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years If LESS than Months Days to have occurred on the date stated above 1 day, \_\_\_\_\_ hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or ..... min. 8. Trade, protession, or particular CCUPATION kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc ... 2. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc .... To Date deceased last worked at 11. Totat time (years) this occupation (month and spent in this occupation \_\_\_\_ 12. BIRTHPLACE (city or town). (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation..... (State or country) What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?\_\_\_\_\_ 16. BIRTHPLACE (city or town (State or country) Where did injury occur?\_\_ (Specify city or town, county and State) 17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. very mation should (Address) OF WRITE Manner of injury \_. TION is CAUSE 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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i	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

AGE should be stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

20. FILED

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

PHYSICIANS should state

Exact statement of OCCUPA.

N. B.

CTATE OF MADY AND					
	CERTIFICATE OF DEATH 09136				
1. PLACE OF DEATH	<u> </u>				
County Dultmore	Registration Dist. No. 42				
Village or City Landowng. Mid	No. St., Ward				
Length of residence in city or town where death occurred to the mos.	death occurred in a hospital or institution, give its NAME instead of street and number)				
1. 1	ds. How long in U.S. if of foreign birth?yrsds.				
2. FULL NAME TOUTUS Many	If U. S. Veteran, specify WAR				
(a) Residence: No. — — — — (Usual place of abode)	St., Ward.  If nonresident give city or town and State				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH				
Hensle sto QR DIVORCED (garrie the word)	9-2				
5e, If married, widowed, or divorced	(Ménth) (Day) (Year)				
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from				
0, 2-3/	7-2,1936, to 9-2,1936				
6. DATE OF BIRTH (month, day, and year)	I last saw h elive on A full to 19; death is said				
7. AGE Years Months Days If LESS than 1 dey, hrs.	to have occurred on the date stated above, at A. T. M. Com.				
ormin.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were as follows:				
8. Trade, profession, or particular kind of work done, es SPINNER,					
SAWYER, BDOKKEEPER, etc.	Clorgental				
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date decessed last worked at this coveraging (month and	() atelectors				
10. Date decessed last worked at 11. Total time (years)					
this occupation (month and spent in this occupation occupation					
12. BIRTHPLACE (city or town) Lax downel . md	Other Contributory Canses of importance:				
(State or country)	· (trensturt				
13. NAME WM. & Means					
13. NAME W GRAYS  14. BIRTHPLACE (city or town) Elkings Md	Name of operation				
(State or country)	What test confirmed diagnosis? Was there an eutopsy				
15. MAIDEN NAME Lillan Persch	23. If deeth wes due to externel ceuses (VIOL ENCE) fill in elso the following:				
15. MAIDEN NAME Like Persch  16. BIRTHPLACE (city or town) Balting Md.	Accident, suicide, or homicide? Nove Date of injury 19				
(State or country)	Where did injury occur?				
17. INFORMANT A WAY JOVENN	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE,				
(Address) at dilivery	none				
18. BURIAL, CREMATION, DR REMOVAL 1 The 111 9/2/3/	Manner of Injury				
There auch 10 mount Dete / 3/ 19	Nature of injury				
19. UNDERTAKER To. Whon Y & an	24. Was disease or injury in any way related to occupation of deceased? No				
(Address) & 503 Edmandry Mr	If ao, specify				
N.M. all	1 Claron Duilo				

Registrar.

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BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 weck ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroen teritis 1 year